

Date \_\_\_\_\_

## Confidential Responsible Party Information

A B C

Name \_\_\_\_\_ Marital Status \_\_\_\_\_  
Home Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_ Own \_\_\_ Rent \_\_\_  
Mailing Address (if different) \_\_\_\_\_  
How long at this address? \_\_\_\_\_ Email Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Yrs Employed \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Yrs Employed \_\_\_\_\_  
Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Confidential Patient Information

Patient's Name \_\_\_\_\_  
Home Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Birthdate \_\_\_\_\_ Email Address \_\_\_\_\_  
If patient is a minor, give parent's or guardian's name \_\_\_\_\_  
Other family members seen by us? \_\_\_\_\_  
Whom may we thank for referring you to our office? \_\_\_\_\_

## Dental Insurance Information

### Primary

\*\*\* We do not accept Medicaid \*\*\*

Policyholder's Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_  
Policyholder's Address(if different than above) \_\_\_\_\_  
Ins Co \_\_\_\_\_ Group# \_\_\_\_\_ ID# \_\_\_\_\_  
Ins Co Address \_\_\_\_\_ Ins Co Phone # \_\_\_\_\_  
Policyholder's Employer \_\_\_\_\_ Work Phone# \_\_\_\_\_

### Secondary

Policyholder's Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_  
Policyholder's Address(if different than above) \_\_\_\_\_  
Ins Co \_\_\_\_\_ Group# \_\_\_\_\_ ID# \_\_\_\_\_  
Ins Co Address \_\_\_\_\_ Ins Co Phone # \_\_\_\_\_  
Policyholder's Employer \_\_\_\_\_ Work Phone# \_\_\_\_\_

## Emergency Information

Name of nearest relative not living with you \_\_\_\_\_  
Complete Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

I understand that where appropriate, credit bureau reports may be obtained.

Signature (Parent's signature if minor) \_\_\_\_\_

Updates (date & initial) \_\_\_\_\_