

~ WELCOME ~

**Patient Information**

Date \_\_\_\_\_

SSN \_\_\_\_\_

Patient Name (Last, First, MI) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail \_\_\_\_\_

Sex  M  F

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Married  Widowed  Single  Minor

Separated  Divorced  Partnered for \_\_\_\_ years

Patient Employer/School \_\_\_\_\_

Occupation \_\_\_\_\_

Employer/School Address \_\_\_\_\_

Employer/School Phone (\_\_\_\_) \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Spouse Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse SSN \_\_\_\_\_

Spouse's Employer \_\_\_\_\_

Whom may we thank for referring you?  
\_\_\_\_\_

**Phone Numbers**

Primary (\_\_\_\_) \_\_\_\_\_

Cell  Home  Work

Best time to reach you \_\_\_\_\_

**Dental Insurance**

Who is responsible for this account?  
\_\_\_\_\_

Relationship to Patient \_\_\_\_\_

Insurance Co. \_\_\_\_\_

Group # \_\_\_\_\_

Subscriber's name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

SSN/Member ID# \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

**Assignment of Dental Benefits**

I certify that I, and /or my dependent(s), have insurance coverage \_\_\_\_\_ (Name of dental Insurance Co.) and assign directly to Shores Family Dentistry all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I authorize the use of my signature on all insurance submissions.

The above-named dentist may use my health care information and may disclose such information to the above-named insurance company(ies) and their agents for the purpose of obtaining payment for services and determining insurance benefits or the benefits payable for related services.

\_\_\_\_\_  
Signature of Patient, Parent, Guardian, or Personal Rep.

\_\_\_\_\_  
Please print name of Patient

\_\_\_\_\_  
Date Relationship to Patient

**Emergency Contact**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_