

Smith Dental Care

Patient Registration Form

Welcome to Our Practice!

Patient Information

Mr. Mrs. Ms. First Name: _____ M.I. ____ Last Name: _____
Sex: Male Female Birthdate: _____ Age: _____ Soc. Sec. #: _____
Street: _____ City: _____ State: _____ Zip: _____
Home #: _____ Cell #: _____ Work #: _____
Referred By: _____ Payment Type: Cash Check Credit Card
License or State ID #: _____ Have you ever been to our practice? Yes No
Email: _____ Has a family member ever been to our practice? Yes No

Spouse or Other Guarantor Information

First Name: _____ Last Name: _____ Relation: _____
Birthdate: _____ Soc. Sec. #: _____ Phone #: _____
Street: _____ City: _____ State: _____ Zip: _____

Insurance Information

Student: Full Time Part Time None
 Married Divorced Legally Separated Widowed Single
Employed: Full Time Part Time Retired None
School: _____ Employer: _____

Primary Dental Insurance

Employer: _____
Ins. Co. Name: _____
Address: _____
City, State, Zip: _____
Phone #: _____
Group #: _____
Sub ID #: _____
Insured Party: _____
Relation: _____

Secondary Dental Insurance

Employer: _____
Ins. Co. Name: _____
Address: _____
City, State, Zip: _____
Phone #: _____
Group #: _____
Sub ID #: _____
Insured Party: _____
Relation: _____

Your insurance policy is a contract made between you and your insurance company. We will attempt to give you the closest estimated cost for treatment based on the information we receive from you and your insurance company, but cannot guarantee any payment on their behalf. We are happy to submit your dental claims through insurance for you, but ultimately you will be responsible for any unpaid balances.

Assignment of Benefits

I authorize that I and/or the guarantor listed above are responsible for full payment of dental benefits to Smith Dental Care, P.A. for any and all dental services rendered.

Release of Information

I authorize Smith Dental Care, P.A. to release all dental information necessary to process dental insurance claims.

By signing below you are authorizing "Assignment of Benefits" and, if you provided insurance information above, "Release of Information".

Signature Or Signature of Parent/Guardian: _____