

# PATIENT INFORMATION FORM

Patient Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Cellular: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_

Birth Date: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Spouse: \_\_\_\_\_

(parent if minor)

Spouse's Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

(parent if minor)

Nearest relative not living with you: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Date of Last Exam: \_\_\_\_\_

Previous Dentist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Date of Last Exam: \_\_\_\_\_

Whom may we contact in case of an emergency? \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Whom may we thank for referring you to our office? \_\_\_\_\_

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

I will be paying today by cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_

## DENTAL INSURANCE INFORMATION

### Carrier No. 1

### Carrier No. 2 (Complete when covered by two companies)

NAME OF POLICY HOLDER		POLICY HOLDER SSN/ID		NAME OF POLICY HOLDER		POLICY HOLDER SSN/ID	
EMPLOYER NAME.		POLICY HOLDER DATE OF BIRTH		EMPLOYER NAME		POLICY HOLDER DATE OF BIRTH	
INSURANCE COMPANY		TELEPHONE NO.		INSURANCE COMPANY		TELEPHONE NO.	
STREET ADDRESS		GROUP POLICY NO.		STREET ADDRESS		GROUP POLICY NO.	
CITY		STATE		CITY		STATE	
		ZIP CODE				ZIP CODE	

I authorize the release of treatment information to my insurance company for payment of benefits on my behalf. I also assign any insurance benefits to Marguerite P. Myers, D.D.S. unless I pay in full at the time of my treatment.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Insurance companies now allow for "functionally acceptable work", whereas, in the past their coverage was for "quality work". It is our desire to provide our patients with the highest quality work within their financial capabilities and desires. What is most important to you?

- ( ) The highest quality dentistry available.
- ( ) The most economical treatment plan.
- ( ) Dentistry limited to insurance coverage.