

# Harrison Family Dental

## PATIENT INFORMATION

Welcome to our office! To assist us in serving you, please complete the following confidential form.

Name: \_\_\_\_\_  
Last First MI Title  
Preferred Name: \_\_\_\_\_  Male  Female  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Employer: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Marital Status:  Single  Married  Divorced  Widowed  Separated  Domestic Partner  
How did you hear about our office? \_\_\_\_\_  
Do you prefer to be contacted for appointment confirmation via e-mail or phone? \_\_\_\_\_ (Please circle preference)

### ■ Insurance – Primary ■

Subscriber Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_ Subscriber DOB: \_\_\_\_\_  
Subscriber SSN/ID: \_\_\_\_\_ Subscriber Employer: \_\_\_\_\_  
Insurance Company Name: \_\_\_\_\_  
Insurance Company Address: \_\_\_\_\_  
Insurance Company Phone: \_\_\_\_\_ Group Number: \_\_\_\_\_

### ■ Insurance – Secondary ■

Subscriber Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_ Subscriber DOB: \_\_\_\_\_  
Subscriber SSN/ID: \_\_\_\_\_ Subscriber Employer: \_\_\_\_\_  
Insurance Company Name: \_\_\_\_\_  
Insurance Company Address: \_\_\_\_\_  
Insurance Company Phone: \_\_\_\_\_ Group Number: \_\_\_\_\_

### ■ Assignment and Release ■

I, the undersigned, certify that I (or my dependent) have insurance coverage and assign directly to Harrison Family Dental 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 hereby authorize the doctor to release all information necessary to secure the payments of benefits. I authorize the use of this signature on all insurance submissions.

**Consent: I consent to the diagnostic procedures and treatment by the dentist necessary for proper dental care.**

**Responsible Party Signature:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Date:** \_\_\_\_\_