

# Patient Registration Form

## Personal Information

Patient \_\_\_\_\_  
First Name Initial Last Name

Responsible Party \_\_\_\_\_  
First Name Initial Last Name

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Birthday \_\_\_\_\_ Social Security \_\_\_\_\_

Email Address \_\_\_\_\_

(Please provide an email address as many of our communications are done through email.)

To keep costs low for you and other patients we kindly request that you fill out your insurance benefits below completely. Our policy is to never surprise you with fees. To provide such a service is difficult. You can help by having your benefits faxed to our office at 303-665-7214. Most insurance companies also provide the following information online or through call centers. Thank you!

## Employer Information of Subscriber Insurance

Employers Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Full time student: Yes \_\_\_\_\_ No \_\_\_\_\_ Where: \_\_\_\_\_

## Dental Insurance Information

(If you do not know the following information please contact your insurance company by phone or internet.)

Subscribers Name \_\_\_\_\_ Social Security \_\_\_\_\_ DOB \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Group Number \_\_\_\_\_ ID # \_\_\_\_\_

Insurance Address \_\_\_\_\_

City State Zip

## Secondary Dental Insurance Information

Subscribers Name \_\_\_\_\_ Social Security \_\_\_\_\_ DOB \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Group Number \_\_\_\_\_ ID # \_\_\_\_\_

Insurance Address \_\_\_\_\_

City State Zip

## Referral Source

How did you hear about us? \_\_\_\_\_

**Dental insurance plans do not normally provide full coverage of your dental bill. Your dental coverage is a contract between you and your insurance company and while we will cooperate to the fullest in expediting your claim, you are ultimately responsible for your account. Your estimated portion of the bill will be due at time of service.**

**If your insurance has not paid within 60 days from the date of service, we will look to you for prompt payment of the account. All costs for collection of the account, should collection procedures or small claims court become necessary, will be passed on the patient and/or the responsible party.**