



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

**Patient Information**

Name: First: \_\_\_\_\_ Last: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Male: \_\_\_ Female: \_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

SSN#: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency #: \_\_\_\_\_

If patient is a minor, who is legally responsible? Please list name, complete address and phone number. \_\_\_\_\_

**Whom may we thank for referring you?**

\_\_\_\_\_

**Dental Insurance Information**

Name of **Primary** Insurance: \_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_

Relationship to Policy Holder: \_\_\_\_\_ Policy Holder's DOB: \_\_\_\_\_

Policy Holder's SSN# \_\_\_\_\_ Subscriber ID: \_\_\_\_\_

Policy Holder's Employer: \_\_\_\_\_ Insurance Group #: \_\_\_\_\_

Name of **Secondary** Insurance: \_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_

Relationship to Policy Holder: \_\_\_\_\_ Policy Holder's DOB: \_\_\_\_\_

Policy Holder's SSN#: \_\_\_\_\_ Subscriber ID: \_\_\_\_\_

Policy Holder's Employer: \_\_\_\_\_ Insurance Group #: \_\_\_\_\_

**I agree to be responsible for all charges for dental services and material not paid by my dental benefit plan, unless the treating dentist or dental practice has a contractual adjustment with my plan prohibiting all or a portion of such charges. To the extent permitted under applicable law I authorize release of any information relating to the insurance claim. If the patient is a minor, permission is granted for dental treatment as deemed necessary to be performed in our office or until written notice is given discounting this permission.**

**Signature Required:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I hereby authorize payment of the dental benefits otherwise payable to me directly to Dr. Blake Dayley.**

**Signature Required:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Your answers are for our records only and will be kept confidential in accordance with applicable laws.**