Moore Family Dental PC - PATIENT REGISTRATION

First Name: ______________________ Last Name: ________________________ Middle Initial: _____

Patient Information:

Address: ____ E-mail Address: __________________

City, State, Zip: ____

Home Phone: ___________________ Cell Phone: _________________ Work Phone: ______________

Sex: ☐ Female ☐ Male Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed

Birth date: ________________ Social Security #: _________________ Drivers Lic #: ________________

Employment Status: ☐ Full Time ☐ Part Time ☐ Retired ☐ F/T or P/T Student

Pharmacy – Phone Number - Address: ____

Referred By: ☐ Internet ☐ Other Patient ☐ Employer ☐ Other _______________________________

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Responsible Party for Payment: Relationship to patient: _____________________________

First Name: ______________________ Last Name: ________________________ Middle Initial: _____

Address: ____

City, State, Zip: ____

Home Phone: ___________________ Cell Phone: _________________ Work Phone: ______________

Sex: ☐ Female ☐ Male Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed

Birth date: ________________ Social Security #: _________________ Drivers Lic #: ________________

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Please indicate the method of payment you will use to pay for dental services provided:

☐ Insurance *(We will prepare and file claim on your behalf.)* ☐ Credit Card ☐ Cash ☐ Personal Check ☐ Care Credit

Dental Insurance Information:

Policy Holder Name: ___________________________ Employer: ______________________________

Relationship to Patient: ☐Self ☐Spouse ☐Child ☐Parent ______________________________________

Policy/Group# ________________________________ Insurance Company: _____________________

Subscriber ID# _______________________________ Address: _________________________________

Insured Social Security #: _______________________ Ins. Co. Phone #:___________________________

Insured Birth Date: ____________________________ ______________________________________

(Use back if you have SECONDARY Dental INSURANCE information.)