UNITED IMPLANT DENTISTRY, PC

PATIENT INFORMATION FORM

Thank you for choosing our office to assist you with your dental needs. ***Please fill out the information below and don't forget to provide your signature at the end.***

Patient's Name: _____ Date of Birth: _____

Sex: ☐ Male ☐ Female Age: _____ Marital Status: _____

Social Security Number: _____

Email address: _____

Telephone: _____ _____ _____

Home Work Cell Phone

Mailing address: _____

City: _____ State: _____ Zip: _____

Ethnicity (optional):

African / American * White Asian * Pacific Islander * American Indian / Alaskan Native * Hispanic

Other:

Whom may we thank for referring you to our office? _____

Employer: _____ (mandatory for insurance purpose)

INSURANCE INFORMATION: or Not covered by dental insurance: _____

Your ID Number: _____

Patient Relationship to insured: Self ____ Spouse ____ Child ____ Other _____

Insurance Plan Name: _____

Group Number: _____

Insured's Employer name & Address: _____

Name of insured: _____ If insured a patient?: _____

Insured SS # and Date of Birth: _____ Member ID: _____

Covered by spouse's insurance? Yes No Spouse's Name: _____

<u>Secondary insurance coverage:</u>

Insurance Plan Name: _____

(if you are the subscriber, please skip the following questions)

Your ID Number: _____

Patient Relationship to insured: Self ____ Spouse ____ Child ____ Other _____

Name of insured: _____

Insured SS #: _____ & Member ID: _____

Group Number: _____

If minor, name of legal guardian: _____

Home phone _____ **Mobile Phone:** _____

FOR MILITARY ONLY:

Military Rank:

Insured's Date of Birth:	Social Security Number:	ID & Group Number:

Financial Agreement: As a condition for treatment at United implant dentistry PC, financial arrangements must be made in advance. Patients are responsible for the cost incurred for dental treatment agreed upon by the patient. Patients who carry dental insurance understand that all dental services performed are charged directly to the patient and that he or she is personally responsible for the payment of their dental care. United Implant Dentistry will help prepare insurance forms or assist in making collections from insurance companies and will credit any such collections to the patient's account. However UNITED IMPLANT DENTISTRY cannot render services on the assumption that the charges will be paid by the insurance companies.Insurance and patient portions are estimates provided as a courtesy. In the event that your insurance carrier pays less than the estimate amount, you are fully responsible for the unpaid balance.

I have read the above conditions concerning payment and voluntarily agree the above conditions.

_____

Patient / Guardian Signature Relationship to Patient Date