

Patient Registration Information **CONFIDENTIAL**

Date _____ S.S. # _____

Name _____

First

Mi

Last

Home Address _____ City _____ State _____ Zip _____

Birthdate _____ Home Phone _____ Work Phone _____

E-Mail _____ Cell Phone _____

Marital Status _____

Your or your parent/guardian's employer _____ Occupation _____

Business Address _____ City _____ State _____ Zip _____

Spouse or parent/guardian's name _____ Work Phone _____

Spouse SS # _____ Employer _____ Occupation _____

If you are a student, name of school/college _____ City _____ State _____

Whom may we thank for referring you? _____

Person to contact in case of an emergency _____ Phone _____

Responsible Party

Name of person responsible for this account _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ SS# _____

Driver's license # _____ Birthdate _____

E-Mail _____ Cell Phone _____

Employer _____ Work Phone _____

For your convenience, we offer the following methods of payment. Please check the option you prefer.
Payment in full is expected at each appointment. Major credit cards, Debit cards and Cash accepted.

Insurance Information

Name of insured _____ Relationship to Patient _____

Birthdate _____ SS# _____

Employer _____

Employer Address _____ City _____ State _____ Zip _____

Primary Insurance _____ Group # _____

Secondary Insurance _____ Group # _____ Employer _____

How much is your deductible? _____ How much have you used? _____ Max. annual benefit? _____

Assignment and Release

I the undersigned certify that 1 (or my dependent) have insurance coverage with _____ and assign directly to Sunshine Dental Associates 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 Sunshine Dental Associates to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

Responsible Party Signature _____ Date _____