

PATIENT REGISTRATION FORM



Patient's name: _____
First M. Last

Today's Date: _____(M)_____(D)_____(Y)

Single Married Divorced Minor
Male Female

Age _____

Birthdate ____ (M)____(D)____(Y)

Street Address: _____

Social Sec. No. _____

Telephone: HOME _____

CELL _____

WORK _____

City: _____ State _____ Zip _____

Patient/Parent's employer _____

Driver's License state issued: _____

Employer's Address: _____

License no. _____

Position/Occupation: _____

Present Complaint: _____

Spouse/Parent's Name: _____

Who referred you? Which advertisement? _____

Spouse's Social Sec. No. _____

Referring doctor's name & phone _____

Spouse's Employer: _____

Emergency contact person: _____

Spouse's Position/Occupation: _____

Address & Phone: _____

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Insurance Information

Primary Insurance Coverage:

Insured's Name _____
Insured's Date of Birth _____
Social Security No. _____
Name of Insurance Co. _____

Address of insurance
co. _____

Phone: _____
Plan/ID No.: _____
Group No. _____

Dental Insurance Coverage:

Insured's Name _____
Insured's Date of Birth _____
Social Security No. _____
Name of Insurance Co. _____

Address of insurance
company _____

Phone: _____
Plan/ID No.: _____
Group No. _____

Secondary Insurance Coverage:

Insured's Name: _____
Insured's Date of Birth _____
Social Security No. _____
Name of Insurance Co. _____

Address of insurance
co. _____

Phone: _____
Plan/ID No.: _____
Group No.: _____

Third party Financing: (circle)
Carecredit Springstone Other

Patient's method of payment: (cash, check, credit card, etc)

I hereby assign, transfer, and set over to Prospect Oral Surgery Center all of my rights, title, and interest to my medical reimbursement benefits under my insurance policy. I authorize the release of any medical information needed to determine these benefits. This authorization shall remain valid until written notice is given by me revoking said authorization. I understand that I am financially responsible for all charges whether or not they are covered by insurance.

Patient/legal guardian's signature: _____ Print name: _____ Date: _____

Revised 1/14