



## Patient Registration

Name: \_\_\_\_\_  
Last, First MI (Preferred Name)

Social Security #: \_\_\_\_\_ Marital Status:  Married  Single  Child  Other \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt # City State Zip Code

### Referral Information

Whom may we thank for referring you to our practice?  Insurance Website  Newspaper  Drive by  Internet Search  
 Another patient or office/ If so, name of person or office referring you to our practice: \_\_\_\_\_  Other

### Insurance Information

Name of Subscriber: \_\_\_\_\_ Subscriber's Birth Date: \_\_\_\_\_  
Last, First MI

Patient's relationship to subscriber:  Self  Spouse  Child  Other \_\_\_\_\_

Insurance Company \_\_\_\_\_ ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

Subscriber's Address: \_\_\_\_\_  
Street City State Zip Code

Employer Name: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street City State Zip Code

### Secondary Insurance

Name of Subscriber: \_\_\_\_\_ Subscriber's Birth Date: \_\_\_\_\_  
Last, First MI

Patient's relationship to subscriber:  Self  Spouse  Child  Other \_\_\_\_\_

Insurance Company \_\_\_\_\_ ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

Subscriber's Address: \_\_\_\_\_  
Street City State Zip Code

Employer Name: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street City State Zip Code

### Consent for Services

I certify that I am covered by the above stated insurance company and I assign directly to Alem Family Dental all insurance benefits otherwise payable to me. I hereby authorize the dentist to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions, whether manual or electronic. I understand that I am responsible for payment of services rendered and also responsible for paying any portion that my insurance does not cover (copay) at the time of service.

\_\_\_\_\_  
Date: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_  
Signature of patient, parent or guardian/responsible party