

PATIENT REGISTRATION

ID: _____ Chard ID: _____

First Name: _____ Last Name: _____ Middle Initial: _____

Patient is: ☐ Policy Holder

Preferred Name: _____

☐ Responsible Party

Responsible Party (if someone other than the patient) _____

First Name: _____ Last Name: _____ Middle Initial: _____

Address: _____ Address 2: _____

City, State, Zip: _____ Pager: _____

Home Phone: _____ Work Phone: _____ Ext: _____ Cellular: _____

Birth Date: _____ Soc. Sec: _____ Drivers Lic: _____

☐ Responsible Party is also a Policy Holder for Patient

☐ Primary Insurance Policy Holder

☐ Secondary Insurance Policy Holder

Patient Information

Address: _____ Address 2: _____

City: _____ State / Zip: _____ Pager: _____

Home Phone: _____ Work Phone: _____ Ext: _____ Cellular: _____

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

Birth Date: _____ Age: _____ Soc Sec: _____ Drivers Lic: _____

Email: _____ ☐ I would like to receive correspondences via email.

Section 2

Employment Status: ☐ Full Time ☐ Part Time ☐ Retired

Student Status: ☐ Full Time ☐ Part Time

Medicaid ID: _____ Pref Dentist: _____

Employer ID: _____ Pref Pharmacy: _____

Carrier ID: _____ Pref Hyg.: _____

Additional Comments

Primary Insurance Information

Name of Insured: _____ Relationship to Patient: ☐ Self ☐ Spouse ☐ Child ☐ Other

Insured Soc. Sec: _____ Insured Birth Date: _____

Employer: _____ Ins. Company: _____

Address: _____

Address: _____

Address 2: _____

Address 2: _____

City, State, Zip: _____

City, State, Zip: _____

Rem. Benefits: _____ .00 Rem. Deduct: _____ .00

How did you hear about Piedmont Family Dentistry?

☐ Friend or Family Member (Please include the person's name) _____

☐ Phone Book (Please Specify) _____

☐ Insurance Booklet (Please Specify) _____

☐ Newspaper ad or article (Please Specify) _____

☐ Radio Ad (Please Specify) _____

☐ Piedmont Family Dentistry website

☐ Saw the sign and walked on in!

☐ I'm not sure, but I'm glad I'm here!

☐ Other (Please Specify) _____