TIMES SQUARE Dental

Welcome

Thank you for selecting us.

1. Patient Information *(Confidential)*

Patient Number _____

Name _____ Date _____

Soc. Sec. # _____ Birthdate _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Email _____ Cell Phone _____

Check Appropriate Box: ☐ Minor ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated

If Student, Name of School/College _____ City _____ State _____ ☐ Full Time ☐ Part Time

Patient or Parent/Guardian's Employer _____ Work Phone _____

Business Address _____ City _____ State _____ Zip _____

Spouse or Parent/Guardian's Name _____ D.O.B. _____

Whom May We Thank for Referring You? _____

Person to Contact in Case of Emergency _____ Phone _____

2. Responsible Party *(If Different from Above)*

Relationship to Patient _____

Name of Person Responsible for this Account _____

Address _____ Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____ SS # _____ D.O.B. _____

Is This Person Currently a Patient in our Office? ☐ Yes ☐ No

For your convenience, we off the following methods of payment. ☐ Cash ☐ Personal Check Credit Card ☐ VISA ☐ MasterCard

3. Insurance Information

Relationship to Patient _____

Name of Insured _____

Birthdate _____ Social Security # _____

Name of Employer _____ Work Phone _____

Employer Address _____ City _____ State _____ Zip _____

Insurance Company _____ Group # _____ Policy/ID # _____

Ins. Co. Address _____ City _____ State _____ Zip _____

Do You Have Any Additional Insurance? ☐ Yes ☐ No

4. Assignment and Release

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

Responsible Party _____ Date _____