LIANN W. DRECHSEL, DMD, PC

PEDIATRIC DENTISTRY

REGISTRATION

PATIENT INFORMATION

FIRST NAME: _____LAST NAME: _____ MI: _____PREFERRED/NICKNAME: _____

GENDER: M / F DOB: _____Email Address: _____

PLEASE LIST BROTHERS AND SISTERS: _____

RESPONSIBLE PARTY

Mother's Information: (If other specify) : _____

Name: _____DOB: _____

SSN: _____Phone #: _____

Mailing Address: _____

City: _____ St: _____ Zip: _____

Employer: _____ Occupation: _____

Marital Status: Single / Married / Divorced / Widowed

Father's Information: (If other specify): _____

Name: _____DOB: _____

SSN: _____Phone #: _____

Mailing Address: _____

City: _____ St: _____ Zip: _____

Employer: _____ Occupation: _____

Marital Status: Single / Married / Divorced / Widowed

Who has legal custody of child (if applicable): Mother / Father / Joint / Other: _____ N/A

Is patient a foster child? Yes / No If yes, please provide placement paperwork - placement paperwork received Yes No

Emergency Contact Name: *other than parent*_____Relationship: _____Phone #: _____

INSURANCE INFORMATION

Primary Dental Insurance Information:

Policy holder Name: _____ Relationship: _____

SSN: _____ DOB: _____

Employer: _____Insurance Name: _____

Group #: _____ ID# _____

Secondary Dental Insurance Information:

Policy holder Name: _____ Relationship: _____

SSN: _____ DOB: _____

Employer: _____ Insurance Name:_____

Group #: _____ ID# _____

How did you hear about our practice? (Who may we thank for referring you?): _____

Notice

As a courtesy to all insured patients we will bill your insurance plan directly. Correct insurance Information along with ID numbers will be required at the time of service. Please note we are not contracted with most insurance companies. Also please understand that it is your responsibility to know and understand your dental benefits before service is rendered. Should your insurance plan deny your claim you will need to call them directly for their explanation. If you are uninsured payment for services are due at the time of service.

Payment Methods

Payment is expected at the time services are rendered. We accept a variety of payment methods, including cash, check, money order, or credit card Visa, MasterCard, and Care Credit. Credit card payments are also accepted via telephone. Payment plans with automatic deductions from an established checking account or credit card may be available. I understand and agree to the terms in this notice

Printed Name: _____Signature:_____Date _____

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