



Welcome to our Practice!

Today's Date: _____

Name: _____ Male Female

Preferred Name: _____ Married Single Other

Address: _____ City _____ State _____ ZIP _____

SSN: _____ DOB: _____

Home Phone: _____ Work Phone _____ Cell : _____

E-mail Address: _____

Employer: _____ Occupation: _____

Whom may we thank for referring you? Yelp Google ZocDoc Insurance Google Maps
 Drive/Walk by Patient/Friend/Office _____

Primary Dental Insurance

Subscriber Name: _____ Subscriber DOB: _____

Relationship to Patient: _____

Subscriber SSN/ID: _____ Subscriber Employer: _____

Insurance Company Name: _____

Insurance Company Address: _____

Insurance Company Phone: _____ Group Number: _____

Secondary Dental Insurance

Subscriber Name: _____ Subscriber DOB: _____

Relationship to Patient: _____

Subscriber SSN/ID: _____ Subscriber Employer: _____

Insurance Company Name: _____

Insurance Company Address: _____

Insurance Company Phone: _____ Group Number: _____

Assignment, Release and Consent

I, the undersigned, certify that I (or my dependent) have insurance coverage and assign directly to New Season Dental 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 payments of benefits. I authorize the use of this signature on all insurance submissions. I consent to the diagnostic procedures and treatment by the dentist necessary for proper dental care.

Patient/Guardian Signature: _____ Relationship: _____