Periodontal Specialists

Periodontics & Dental Implants

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New Patient Form

General Information

Name _____ Birthdate _____ Marital Status _____
Address _____ SS# _____
City _____ State _____ Zip _____ Employer _____
I prefer to be addressed as _____ Person who referred you _____
Home Phone _____ Spouse's Name _____
Work Phone _____ Dentist / phone # _____
Cell Phone _____ Physician / phone # _____
E-mail Address _____
Emergency Contact _____

Primary Dental Insurance Information

Name of insured _____ SS# _____ DOB _____
Relationship to patient _____ Employer _____
Insurance company _____ Group # _____
Subscriber ID number _____ Insurance phone _____
Insurance Co. address _____ City _____ State _____ Zip _____

Secondary Dental Insurance Information

Name of insured _____ SS# _____ DOB _____
Relationship to patient _____ Employer _____
Insurance company _____ Group # _____
Subscriber ID number _____ Insurance phone _____
Insurance Co. address _____ City _____ State _____ Zip _____

Authorization, Release, and Agreement to Pay for Services Rendered

I authorize Periodontal Specialists to release any information including the diagnosis and the records of any treatment or examination rendered to me during the period of such dental care to third party payors and/or other health practitioners. I understand that Periodontal Specialists is a fee for service office. As a courtesy Periodontal Specialists will submit insurance claims on my behalf; however, I understand I am responsible for payment for any services not reimbursed or not entirely covered by my dental insurance.

Date _____ **Signature** _____