



Patient Information Sheet

Date _____

Patient Name: Last _____ First _____ Middle ____ Age ____

Date of Birth _____ Social Security # _____ Sex (M/F) _____

Home Address _____

City _____ State _____ Zip _____

Home # _____ Work # _____ Cell # _____

Correspondence by email: YES NO E-Mail Address _____

Drivers License # _____ Marital Status: S M D W

Employer _____

Occupation (if retired, former occupation) _____

Spouse Name _____ Spouse Social Security # _____

Mother/Father Name (if patient a minor) _____

To whom shall statements be sent, if other than patient? _____

Address if different from patient _____ Phone _____

Contact Person in Case of Emergency:

Name _____ Phone _____ Relationship _____

Referral Information

Whom may we thank for referring you to our practice? Another patient, friend Another patient, relative
 Dental Office Yellow Pages Internet School Work Other _____

Name of person or office referring you to our practice: _____

Dental Insurance Information

Primary Dental Insurance _____

Name of Insured: _____ Is insured a patient? Yes No

Insured's Birth Date: _____ ID#: _____ Group # _____

Insured's Address: _____

Insured's Employer Name _____

Address: _____

Patient's relationship to insured: Self Spouse Child Other _____

Insurance Plan Name and Address: _____

Secondary Dental Insurance _____

Name of Insured: _____ Is insured a patient? Yes No

Insured's Birth Date: _____ ID#: _____ Group # _____

Insured's Address: _____

Insured's Employer Name _____

Address: _____

Patient's relationship to insured: Self Spouse Child Other _____

Insurance Plan Name and Address: _____

Authorization

I hereby authorize my insurance carrier to pay benefits directly to HEYS DENTAL, PLLC. I understand I am responsible to pay for services not covered by my insurance. I also authorize the release of any information regarding a claim to my insurance company for procedures performed by Heys Dental, PLLC. I also understand I am responsible to pay for expenses that may accrue due to collection and or interest charges.

SIGNATURE _____ **DATE** _____