

# Belmont Dentistry

## PATIENT REGISTRATION

### Patient Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Cellular: \_\_\_\_\_

Sex:  Male  Female Marital Status:  Married  Single  Divorced  Separated  Widowed

Birth Date: \_\_\_\_\_ Soc. Sec: \_\_\_\_\_ Drivers Lic : \_\_\_\_\_ Occupation: \_\_\_\_\_

E-mail: \_\_\_\_\_  I would like to receive correspondences via-email.

How did you hear about us?  Insurance  office Website  Referred by a friend/relative/others? \_\_\_\_\_

Responsible Party is also Policy Holder for Patient  Primary Insurance Policy Holder  Sec. Insurance Policy Holder

### Responsible Party (If someone other than the Patient)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Cellular: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Soc. Sec: \_\_\_\_\_ Drivers Lic: \_\_\_\_\_

### Primary Insurance Information

Name of Insured: \_\_\_\_\_ Relationship to Insured:  Self  Spouse  Child  Other

Insured Soc. Sec: \_\_\_\_\_ Insured Birth Date: \_\_\_\_\_

Employer: \_\_\_\_\_ Ins. Company: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

### Emergency Information

Name of Emergency Contact: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_