DR T DENTAL
COSMETIC & GENERAL DENTISTRY

ATTILA FRANK TALABER, D.M.D.
AFFILIATE PROFESSOR U. OF W.

WELCOME

NAME: _____ NICKNAME: _____ DATE: _____

ADDRESS: _____ CITY: _____ STATE/ZIP _____

BIRTHDATE: _____ SOC SEC #: _____

MALE: ____ FEMALE: _____ MINOR: _____ MARRIED: _____ DIVORCED: _____

EMPLOYER: _____ OCCUPATION: _____

REFERRED BY: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

WHERE DO YOU PREFER TO RECEIVE CALLS: HOME _____ CELL _____ WORK _____

WHEN IS THE BEST TIME TO REACH YOU: TIME: _____ DAYS: _____

E-MAIL _____

EMERGENCY CONTACT: NAME: _____ RELATIONSHIP _____

PHONE NUMBER: HOME _____ CELL _____

E-Mail: _____

WHO IS RESPONSIBLE FOR THE ACCOUNT _____

NAME: _____ RELATIONSHIP _____

BIRTHDATE _____ SOC SEC # _____ PHONE _____

ADDRESS _____ CITY/STATE/ZIP _____

EMPLOYER _____ WORK PHONE _____

PRIMARY INSURANCE

COMPANY_____

GROUP #_____ID #_____

NAME OF SUBSCRIBER_____

RELATIONSHIP TO PATIENT_____SUBSCRIBER BIRTHDATE_____

SOC SEC #_____EMPLOYER_____

HAVE YOU USED THIS INSURANCE AT ANY OTHER DENTAL OFFICE?_____

I AUTHORIZE THE DENTIST TO RELEASE ANY INFORMATION (INCLUDING THE DIAGNOSIS AND THE RECORDS OF ANY TREATMENT OR EXAMINATION RENDERED TO ME OR MY CHILD DURING THE PERIOD OF SUCH DENTAL CARE) TO THIRD PARTY PAYORS AND/OR OTHER HEALTH PRACTITIONERS.

I AUTHORIZE AND REQUEST MY INSURANCE COMPANY TO PAY DIRECTLY TO THE DENTIST OR DENTAL GROUP INSURANCE BENEFITS OTHERWISE PAYABLE TO ME.

I UNDERSTAND THAT MY DENTAL INSURANCE CARRIER MAY PAY LESS THAN THE ACTUAL BILL FOR SERVICES. I AGREE TO BE RESPONSIBLE FOR PAYMENT OF ALL SERVICES RENDERED ON MY BEHALF OR MY DEPENDENTS.

X_____

SIGNATURE OF PATIENT OR PARENT OR GUARDIAN OF MINOR

PLEASE PRINT NAME:_____

DATE_____

FOR YOUR CONVENIENCE, WE OFFER THE FOLLOWING METHODS OF PAYMENT.

CASH CHECK CREDIT CARD CARECREDIT DOCPAY SPRINGSTONE

THANK YOU FOR FILLING OUT THIS FORM COMPLETELY.

THE INFORMATION YOU HAVE PROVIDED WILL HELP US SERVE YOUR DENTAL NEEDS MORE EFFECTIVELY AND EFFECIENTLY. IF YOU HAVE ANY QUESTIONS AT ANYTIME, PLEASE ASK- WE ARE ALWAYS HAPPY TO HELP.