

# **PATIENT REGISTRATION & INSURANCE**

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Date \_\_\_\_\_

Patient's Name \_\_\_\_\_ Preferred name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Marital Status: Single Married Widowed Divorced Sex: Female Male

Employed by \_\_\_\_\_ Occupation \_\_\_\_\_

Employer's Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_

Preferred method of contact? Home Cell Work E-Mail \_\_\_\_\_ or Text

Physician Name & Address \_\_\_\_\_ Last Visit \_\_\_\_\_

Whom should we contact in case of emergency? \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_

Hobbies or Interests? \_\_\_\_\_

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## **COMPLETE THIS SECTION IF YOU HAVE DENTAL INSURANCE**

Insured's Name \_\_\_\_\_ Insured's Birth Date \_\_\_\_\_

Insured's Social Security # \_\_\_\_\_ Insured's Employer \_\_\_\_\_

Insurance Group # \_\_\_\_\_ Insurance Co. \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Do You Have Any Other Dental Insurance? Yes No

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**READ CAREFULLY AND UNDERSTAND WHAT YOUR SIGNATURE MEANS.** Your signature below serves many purposes. It indicates you have reviewed your medical history and personal registration information and updated and corrected it as appropriate (including your phone numbers) to ensure that they are correct. Also, your signature below shall constitute your "Signature on File" with your insurance company (if applicable) for assignment of your insurance benefits to Ernest N. Johnson D.D.S. and the release of information to all insurance carriers. I authorize Dr. Johnson to utilize any photos taken in conjunction with treatment for diagnostic and educational purposes. And finally, the undersigned accepts all responsibility for payment of this account and understands that a 1.5% (18% APR) monthly service charge is assessed on ALL balances over 30 days.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_