SCHOHARIE DENTAL

Registration Form

First Name:_____ Last Name:_____ Middle Initial:___

Cell Phone: ( )_____ - _____ Home Phone: ( )_____ - _____ Email:_____

Home Address:_____

City:_____ State:_____ Zip:_____

Mailing Address:_____

City:_____ State:_____ Zip:_____

SSN:_____-_____-_____ Birthdate:_____ Age:_____

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

Responsible party for this account:_____

Address if different from above:_____ Phone: ( )_____ - _____

Emergency Contact:_____ Phone: ( )_____ - _____

Who may we thank for referring you:_____

DENTAL INSURANCE INFORMATION

Subscriber Name:_____ DOB:_____ Relationship to Patient:_____
Employer:_____ Occupation:_____
Name of Dental Insurance:_____
SSN:_____-_____-_____ Policy/ID #:_____ Group #_____

ASSIGNMENT AND RELEASE

I, the undersigned, have insurance with _____ and assign directly to Schoharie Dental, PLLC all benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance, I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions whether manual or electronic.

Date: _____ Signature: _____

FINANCIAL AGREEMENT

I acknowledge that payment is due at the time of treatment unless other arrangements are made. I agree that parents/guardians are responsible for **all** fees and services rendered for treatment of a minor/child. I accept **full** financial responsibilities for **all** charges, even if covered by insurance.

Date: _____ Signature: _____

MINOR/CHILD CONSENT

I, being the parent/guardian of _____do hereby request and authorize the dental staff to perform necessary dental services for my child, including but not limited to x-rays, and administration of anesthetics which are deemed advisable by the doctor, whether or not I am present at the actual appointment when the treatment is rendered.

Date: _____ Signature: _____

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