REGISTRATION

First Name _____ Last Name _____ MI _____

Preferred Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____ Work Phone _____

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

Birth Date _____ Soc. Sec _____ Driver's Lic _____

In case of emergency, who should be notified? _____ Phone _____

Whom may we thank for referring you to our practice? _____

*Same as above* ☐

Responsible Party _____ Phone _____

Address _____ City _____ State _____ Zip _____

## PRIMARY INSURANCE INFORMATION

Name of Insured _____ Insured Soc. Sec/ID _____

Relationship to Insured: Insured Birth Date _____

☐ Self ☐ Spouse ☐ Parent ☐ Other Insurance Company _____

Employer _____ Ins. Address _____

Emp. Address _____ City State, Zip _____

City, State, Zip _____ Ins. Phone _____

## SECONDARY INSURANCE INFORMATION

Name of Insured _____ Insured Soc. Sec/ID _____

Relationship to Insured: Insured Birth Date _____

☐ Self ☐ Spouse ☐ Parent ☐ Other Insurance Company _____

Employer _____ Ins. Address _____

Emp. Address _____ City State, Zip _____

City, State, Zip _____ Ins. Phone _____

I authorize my insurance company to pay to Mint Dental all insurance benefits otherwise payable to me for services rendered. I authorize the use of my signature by Mint Dental to release all information necessary on all insurance submissions to secure the payment of benefits. I understand that I am financially responsible for all charges whether or not paid by insurance and payment is due in full at the time of treatment unless prior arrangements have been made.

SIGNATURE OF PATIENT, PARENT, or GUARDIAN _____ DATE _____

Mint Dental is a private dental practice and not a dental clinic. Office hours are by appointment and we value your time. If you cannot make an appointment as scheduled, please notify us. There will be a charge of $50 for a broken appointment or cancellation with less than 48 hours' notice.