

Date _____

Kiran Mistry, DDS

CONFIDENTIAL RESPONSIBLE PARTY INFORMATION

Name _____
 Last First Middle Marital Status

Residence _____
 Street City State Zip

Mailing Address _____
 (if different) Street City State Zip

How long at this address _____ Email Address _____

Home Phone _____ Work Phone _____ Cell _____

Previous Address (if less than 3 yrs.) _____
 Street City State Zip

Social Security # _____ Birthdate _____ Relationship to Patient _____

Employer _____ Occupation _____ No. Years Employed _____

Spouse's Name _____ Relationship to Patient _____
 Last First Middle

Employer _____ Occupation _____ No. Years Employed _____

Social Security # _____ Birthdate _____ Work Phone _____

CONFIDENTIAL PATIENT INFORMATION

Patient's Name _____
 Last First Middle

Address _____
 Street City State Zip

Home Phone _____ Birthdate _____ Social Security # _____

If minor, give parent/guardian name _____ How did you hear about our office? _____

DENTAL INSURANCE INFORMATION

Policy Holder's Name _____ and Soc. Sec. # _____

Insurance Company _____ Group No. _____ Union Local No. _____

Insurance Co. Address _____ Insurance Co. Phone _____

Policy Holder's Employer _____ and Address _____

Do you have dual coverage? No Yes If yes, fill out section below:

Policy Holder's Name _____ and Soc. Sec. # _____

Insurance Company _____ Group No. _____ Union Local No. _____

Insurance Co. Address _____ Insurance Co. Phone _____

Policy Holder's Employer _____ and Address _____

EMERGENCY INFORMATION

Name of nearest relative not living with you _____

Complete Address _____ Phone _____

1. I authorize release of any information relating to claims for the above listed persons.
2. I hereby authorize payment directly to the provider dentist of the group insurance benefits otherwise payable to me.
3. I understand that responsibility for payment for dental services provided in this office for myself or my dependents is mine, regardless of insurance benefits.

Patient Signature

Date

Signed (if guardian for minor)

Date