

Highlands Dental

Welcome

Name _____
Last First Initial
Date of Birth _____

Male Female

If Child: Parent's Name _____

Residence/Street _____

City _____ State _____ Zip _____

Telephone: _____

Res. _____

Fax _____ Cell Phone# _____

email _____

Person responsible for account _____

Employer _____

Business Address _____

Business Phone# _____

Social Security# _____

Drivers License# _____

Someone to notify in case of emergency not living with you

Whom may we thank for this referral?

Dental Insurance

Primary

Employee Name _____

Date of Birth _____

Employer Name _____

Insurance Company Name _____

Address _____

Telephone# _____

Coverage Effective Date _____

Subscriber ID# _____

Group# _____

Secondary

Employee Name _____

Date of Birth _____

Employer Name _____

Insurance Company Name _____

Address _____

Telephone# _____

Coverage Effective Date _____

Subscriber ID# _____

Group# _____

Consent:

I consent to the diagnostic procedures and treatment by the dentist necessary for proper dental care.

I consent to the dentist's use and disclosure of my records (or my child's records) to carry out treatment, to obtain payment, and for those activities and health care operations that are related to treatment or payment.

I consent to the disclosure of my records (or my child's records) to the following persons who are involved in my care (or my child's care) or payment for that care.

My consent to disclosure of records shall be effective until I revoke it in writing.

I authorize payment directly to the dentist or dental group of insurance benefits otherwise payable to me. I understand that my dental care insurance carrier or payer of my dental benefits may pay less than the actual bill for services, and that I am financially responsible for payment in full of all accounts. By signing this statement, I revoke all previous agreements to the contrary and agree to be responsible for payment of services not paid, by my dental care payer.

I attest to the accuracy of the information on this page. Signed _____ Date _____
