PATIENT REGISTRATION

Patient's Full Name _____
First MI Last

Parent's Name _____
If Patient is a Minor First MI Last

Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

Date of Birth_____Male____Female____Social Security # _____

Name Of Spouse _____
First MI Last

Mailing Address _____
Street City State Zip

Home Phone: _____ Business Phone _____

Cell Phone : _____Email _____

Best way to contact me : _____

Name of Patient's Employer _____

Address of Business _____
Street City State Zip

Present Position _____ How Long Held _____Referred By_____

Your Dental Insurance_____ Group # _____

Address _____
Street City State Zip

Phone Number (____)_____

Insured's Full Name _____
First MI Last

Date of Birth _____ Male ___ Female ___ Relation _____ Soc. Sec. # _____

Employer_____ Address_____
Street City State Zip

Secondary Dental Insurance_____ Group # _____

Address _____
Street City State Zip

Phone Number (____)_____

Insured's Full Name _____
First MI Last

Date of Birth _____ Male ___ Female ___ Relation _____ Soc. Sec. # _____

Employer_____ Address_____
Street City State Zip

Patient Authorized Signature Form

As a courtesy to our patients we will file for dental insurance payment. I authorize and request my insurance company to pay directly to the dentist or dental group insurance benefits otherwise payable to me. I understand I am financially responsible for all charges not covered by this assignment. Unpaid balances over 10 days of the monthly billing date will incur a monthly compounding interest rate of 5%. I realize that failure to keep this account current may result in my being unable to receive additional dental services except for dental emergencies or when there is prepayment for additional services. In the case of default on payment of this account, I agree to pay collection costs and reasonable attorney fees incurred in attempting to collect on this amount or any future outstanding account balances.

_____
Signature Date

ANDREW E. DEEB, D.M.D., M.S., P.C.
PERIODONTICS AND IMPLANTS
4008 E. PIMA, TUCSON, ARIZONA 85712 (520) 881-2940