HARTFORD DENTAL GROUP

PATIENT FORM

DATE:

PATIENT INFORMATION

Patient's last name:	First:	Middle:	❑ Mr. ❑ Mrs.	❑ Miss ❑ Ms.	Marital status (circle one) Single / Mar / Div / Sep / Wid		
Is this your legal name? ❑ Yes ❑ No	If not, what is your legal name?		(Former name):		Birth date: / /	Age:	Sex: ❑ M ❑ F
Street address:			Social Security #:		Home phone #: ( )		
Apt./Unit #:					( )		
City:	State:		Zip Code:		Cell #: ( )		
E-mail:							
Occupation:	Employer:				Employer phone #: ( )		
Chose us because/Referred to us by (please check one box):			❑ Dr.	❑ Insurance Plan	❑ Hospital		
❑ Family:	❑ Friend:	❑ Yellow Pages	❑ Internet	❑ Other			

INSURANCE INFORMATION

Person responsible for bill:	Birth date: / /	Address (if different):	Home phone #: ( )
Is this person a patient here? ❑ Yes ❑ No			
Occupation:	Employer:	Employer address:	Employer phone #: ( )

PRIMARY INSURANCE

Is this patient covered by insurance?	❑ Yes	❑ No		
Please indicate primary insurance	❑ [Insurance]:			
Subscriber's name:	Subscriber's S.S./ID#:	Birth date: / /	Group #:	Policy #:
Patient's relationship to subscriber:	❑ Self	❑ Spouse	❑ Child	❑ Other

SECONDARY INSURANCE

Name of secondary insurance (if applicable):	Subscriber's name:			Group #:	Policy #:
Patient's relationship to subscriber:	❑ Self	❑ Spouse	❑ Child	❑ Other	

CANCELLATION POLICY

Your appointment times are reserved exclusively for you. Our office asks that you call 48 hours in advance if you need to cancel or make changes to an appointment, otherwise you may be charged a $25 fee.

Patient/Guardian signature	Date

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship to patient:	Telephone #: ( )	Work phone #: ( )

The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. **I understand that I am financially responsible for any balance**. I also authorize Hartford Dental Group or insurance company to release any information required in order to process my claims.

Patient/Guardian signature	Date