

PATIENT REGISTRATION FORM

Patient's Name _____ Date of Birth _____ Age _____

Preferred Name _____

Single _____ Married _____ Divorced _____ Minor _____ Widowed _____ Male _____ Female _____

Street Address _____ Mailing Address _____

City _____ State _____ Zip _____ Telephone Number _____

E-mail _____ Cell Phone Number _____

Social Security # of patient _____ Drivers License # _____

Purpose of this appointment _____

If you have insurance, name of policy holder _____ Date of Birth _____

Name of insurance company _____ Policy # (SS#) _____

If you have secondary insurance, name of policy number _____ Date of Birth _____

Name of insurance company _____ Policy # (SS#) _____

GUARANTOR INFORMATION

Who is responsible for this account? _____

Patient/Parent employer _____ Phone _____

Business Address _____

Present Position _____ How Long Held _____

Name of spouse _____ Date of Birth _____

Social Security # _____ Driver's License # _____

Spouse Employer _____ Phone _____

Business Address _____

Present Position _____ How long held _____

Emergency Contact _____ Phone _____

Whom may we thank for referring you to us _____

Are you interested in having a whiter smile? _____

Our computer system places all members of a family under one account. If insurance is involved, all patients covered by the same insured person are on the same account. If you do not want your information shared with members of your family, you will need to let us know. In this situation, we will not be able to file your insurance for you but we will give you the appropriate paperwork to file it yourself.

AGREEMENT TO PAY: I, the undersigned, accept the fee charged as a legal and lawful debt and agree to pay said fee, including any/all collection agency fees, (33.33%), attorney fees and/or court costs, if such be necessary. I waive now and forever my right of exemption under the laws of the constitution of the State of Alabama and any other State.

You agree, in order for us to service your account or to collect monies you may owe, Complete Dental of Mobile and/or our agents may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using any email address you provide to use. Methods of contact may include using pre-recorded/artificial voice messages and/or use of automatic dialing device, as applicable.

I/We have read this disclosure and agree that Complete Dental of Mobile, its employees and/or agents may contact me/us as described above.

Your signature _____ Date _____