

General Information Questionnaire

Full Name _____ Name you prefer _____

Home Address _____ Zip Code _____

Unit Number _____ City, State _____

Home Phone # _____ Work Phone _____ Mobile Phone _____

E-mail address _____

What time and method is the most convenient to reach you? _____

Birthday _____ How did you learn about us? _____.

Person responsible for account Mark here if same as above _____

Name _____ Relationship to patient _____

Home Address _____ Zip Code _____

Unit Number _____ City, State _____

Home Phone Number _____ Work Phone _____ Mobile Phone _____

E-mail address _____

What time and method is the most convenient to reach you? _____

Emergency contact information

Name _____ Relationship to patient _____

Phone Number _____

Primary Insurance

Name on Insurance Card _____ Relationship _____

Social Security Number (or Insurance ID number) _____

Employer of Insured party _____ Birthday of Insured _____

Insurance company _____ Group Number _____

Secondary Insurance

Name on Insurance Card _____ Relationship _____

Social Security Number (or Insurance ID number) _____

Employer of Insured party _____ Birthday of Insured _____

Insurance company _____ Group Number _____

Authorization and Release

I understand I am financially responsible for all charges whether or not paid by insurance, and that payment is due in full at time of treatment unless prior arrangements have been approved.

I authorize the dentist to release all information necessary to secure the payment of dental benefits.

I authorize my insurance company to pay to the dentist all insurance benefits otherwise payable to me for services rendered. I authorize the use of this signature on all insurance submissions.

Informed Consent of Treatment: The practice of dentistry is not without certain risks. I understand this and consent to treatment by Dr. Haney and his staff.

Signature _____ Date _____