



PATIENT INFORMATION

Welcome to our practice!

Thank you for selecting our dental healthcare team. Please fill this form out completely. If you have any questions or concerns, please do not hesitate for assistance – we are happy to help!

Patient Information

Full name (including middle initial) _____ DOB: _____
Home Address _____ City/State/Zip _____
Birth date _____ Age _____ Sex (circle one) Male Female
Social Security # _____ Home phone # _____ Cell phone # _____
Occupation _____ Employer _____ Work phone# _____
Other family members seen here: _____

Responsible Party Information (if different from above)

Person responsible for bill: _____ Birth date _____
Address (if different) _____ Birth date _____ Home phone # _____
Cell phone# _____ Is this person a patient here? _____ Is this person covered by insurance? Y N
Occupation _____ Employer _____ Employer phone# _____

Insurance Information

(Please give your insurance card to the business assistant)

Please indicate **PRIMARY** insurance group name: _____
Subscriber's name _____ Subscriber's Social Security # _____
Date of birth _____ Group # _____ Your relationship to subscriber _____
Occupation _____ Employer _____ Employer phone# _____

Please indicate **SECONDARY** insurance group name: _____
Subscriber's name _____ Subscriber's Social Security # _____
Date of birth _____ Group# _____ Your relationship to secondary subscriber _____
Occupation _____ Employer _____ Employer phone # _____

In case of Emergency

Name of local friend or relative (not living at the same address): _____ Relationship _____
Home phone# _____ Cell phone# _____ Work phone# _____

The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to Clark Family Dental Center. I understand that I am financially responsible for any balance. I also authorize Clark Family Dental Center or insurance company to release any information required to process my claims.

Patient / Guardian signature

Date

EXPERTS AT CARING

We treat our patients like family.

415 First Ave West, Clark SD 57225 | 605-532-3636