

PATIENT AND RESPONSIBLE PARTY INFORMATION

Patient name: _____ Preferred Name: _____

Date of Birth: _____ Age: _____ Male Female Married Single Minor

Home address: _____
Street and Apt # City, State Zip Code

Home telephone: _____ Work: _____ Cell: _____

(Please circle the number you would prefer for us to use to contact you.)

Email address: _____

If you provide your email address, we will enroll you in Dental Sesame - our free service for email appointment reminders, online account information and online payments. Your email address will be kept private.

Who will be responsible for the charges incurred on this account? _____

How were you referred to our office? _____

INSURANCE INFORMATION Please present insurance card if you have one

Primary Dental Insurance Company: _____

Employer: _____ Occupation: _____

Policy holder/Subsriber's Name: _____
Last First M

Patient's relationship to Subsriber: Self Spouse/Partner Child/Stepchild

Subsriber's ID #: _____ Group #: _____

Subsriber's Date of Birth: _____ Subsriber's SS#: _____

Secondary Dental Insurance Company: _____

Employer: _____ Occupation: _____

Policy holder/Subsriber's Name: _____
Last First M

Patient's relationship to Subsriber: Self Spouse/Partner Child/Stepchild

Subsriber's ID #: _____ Group #: _____

Subsriber's Date of Birth: _____ Subsriber's SS#: _____

I certify that the above information is true, to the best of my knowledge. If any of this information changes, I will provide that information to Pine Lake Dental Care as soon as possible. I understand that failure to provide accurate information in a timely manner may result in being billed for the full fee for any services provided to me.

Signature

Date

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