

Oral Surgery Associates, P.C.

PATIENT INFORMATION

Patient's Full Name _____
Complete Home Address _____
Street Apt. # City Zip Code
Home Phone () _____ Work Phone () _____
Employer Name _____ Address _____
Patient's Social Security # _____ - _____ - _____ Birth Date ____/____/____ Age ____ Male/Female ____
Spouse's Name _____ Social Security # _____ - _____ - _____
Dentist's Name _____ Orthodontist Name _____
Medical Physician's Name _____ Phone Number _____
Who referred you to our office? _____
Who may we contact in case of an emergency? _____

RESPONSIBLE PARTY INFORMATION/Please fill this out if the patient is under 18 years of age

Name _____
Home Address _____
Street Apt. # City Zip Code
Home Phone _____ Work Phone _____
Social Security # _____ - _____ - _____

PRIMARY INSURANCE INFORMATION

Please Check One _____ Dental _____ Medical _____ Relationship to Patient _____
Insurance Company Name and Address _____
Group Number _____ Contract Number _____
Policyholder's Full Name _____
Complete Home Address _____
Street City Zip Code
Home Phone () _____ Work Phone () _____
Employer Name _____ Address _____
Social Security # _____ - _____ - _____ Birth Date ____/____/____ Male/Female ____

SECONDARY INSURANCE INFORMATION

Please Check One _____ Dental _____ Medical _____ Relationship to Patient _____
Insurance Company Name and Address _____
Group Number _____ Contract Number _____
Policyholder's Full Name _____
Complete Home Address _____
Street City Zip Code
Home Phone () _____ Work Phone () _____
Employer Name _____ Address _____
Social Security # _____ - _____ - _____ Birth Date ____/____/____ Male/Female ____

All fees are the responsibility of the patient or responsible party irrespective of insurance claims or other benefits. Payment is expected at the time of service unless other arrangements have been made.

I hereby authorize payment directly to the physician for his services as described. I also authorize the release of any medical information relating to my care.

Signature _____

Date _____