

NAME:			
<i>Last</i>	<i>First</i>	<i>M.I.</i>	<i>Preferred</i>
ADDRESS:			
<i>Street or PO Box</i>		<i>City</i>	<i>State</i>
<i>Zip Code</i>			
Single Married Child	BIRTH DATE (mm/dd/yyyy) : E-mail:	Social Security #	PHONE NUMBERS: HOME: _____ CELL: _____ WORK: _____
<i>Patient Employer</i>			<i>Employer Phone #</i>
<i>PERSON RESPONSIBLE FOR BILL</i>		<i>RELATIONSHIP TO PATIENT</i>	SSN: DOB (mm/dd/yyyy):
<i>ADDRESS & PHONE # FOR RESPONSIBLE PARTY (if different from patient)</i>			
INSURANCE INFORMATION			
PRIMARY <i>Policy Holder's Full Name</i>			<i>Relationship to Patient</i>
<i>Policy Holder Social Security #</i>	<i>DOB (mm/dd/yyyy):</i>	<i>Policy Holder Address (if different than patient)</i>	
<i>Insurance Company Name</i>			
<i>Policy Holder's Employer</i>			<i>Employer Phone #</i>
SECONDARY <i>Policy Holder's Full Name</i>			<i>Relationship to Patient</i>
<i>Policy Holder Social Security #</i>	<i>DOB (mm/dd/yyyy):</i>	<i>Policy Holder Address (if different than patient)</i>	
<i>Insurance Company Name</i>			
<i>Policy Holder's Employer</i>			<i>Employer Phone #</i>
GETTING TO KNOW YOU			
1. <i>Is another member of your immediate family (living at the same address) a patient in our practice? If yes, whom?</i>			
2. <i>Whom may we thank for referring you?</i>			
3. <i>Person to contact for emergency:</i>			<i>Phone Number:</i>
HIPAA PRIVACY CONTACTS			
I am providing written permission for Logan Dental to speak to, or leave messages at, any of the following numbers regarding my dental appointments and/or treatment.:			
<i>Name:</i> _____		<i>Name:</i> _____	
<i>Phone #:</i> _____		<i>Phone #:</i> _____	
<i>Relation:</i> _____		<i>Relation:</i> _____	
_____ <i>Signature of Responsible Party</i>		_____ <i>Relationship</i>	_____ <i>Date</i>