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BLAZE W. GOLIK, D.D.S.

MARCUS J. BURK, D.M.D.

Welcome to our office. We will do our best to make your appointments as convenient and pleasant as possible. If at any time you have questions regarding your health, treatment, appointments, fees, office procedures or policies, etc., please do not hesitate to ask.

Patient I.D. # _____ **PATIENT INFORMATION** **Birthdate** _____

Name _____
LAST FIRST INITIAL Nickname _____

Address _____ Email _____

City _____ State _____ Zip _____ Home # (____) _____

Employed by _____ Occupation _____ Work # (____) _____

SS# _____ Birthdate _____ Cell# (____) _____

Sex M F Single Married Separated Divorced Widowed No. of Children _____

Spouse's Name _____ Spouse's Work # (____) _____

Whom may we thank for referring you: _____

PERSON RESPONSIBLE FOR ACCOUNT

Name _____
LAST FIRST INITIAL Relationship to patient _____

SS# _____

Billing Address _____

City _____ State _____ Zip _____

Home # (____) _____ Work # (____) _____ Ext. _____

Employed by _____

PRIMARY INSURANCE

Insured's Name _____ Birthdate _____

Address _____ Relationship to patient _____

City _____ State _____ Zip _____ SS# _____

Insured's Employer _____ Phone # (____) _____

Insured's Company _____ Phone # (____) _____

Contract # _____ Group # _____ Policy # _____

SECONDARY INSURANCE

Insured's Name _____ Birthdate _____

Address _____ Relationship to patient _____

City _____ State _____ Zip _____ SS# _____

Insured's Employer _____ Phone # (____) _____

Insured's Company _____ Phone # (____) _____

Contract # _____ Group # _____ Policy # _____

ASSIGNMENT

I, the undersigned certify that I (or my dependent) have insurance coverage with _____ and assign directly to Aberdeen Dental, LLC all insurance benefits. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

Responsible Party Signature

Relationship

Date