

Welcome to Maple Valley Dentistry Professionals

Gentle quality dentistry for the entire family

Patient Information

Date _____ Home Phone _____
Name _____ Soc. Sec. # _____
Last Name First Name Initial
Sex M ___ F ___ Age ___ Birthdate _____ Single ___ Married ___ Widowed ___ Separated ___ Divorced ___
Employer _____ Occupation _____
Home Address _____ Cell phone _____
Emergency Contact _____ Phone _____
Whom may we thank for referring you? _____

Responsible Party

Person Responsible for Account _____
Last Name First Name Initial
Relation to Patient _____ Birthdate _____ Soc. Sec. # _____
Address (If different from patient) _____ Phone _____
City _____ State _____ Zip _____
Business Address _____ Business Phone _____

Primary Insurance

Subscriber Name _____ Relationship to Patient _____ Birthdate _____
Address (If different from patient) _____ Phone _____
City _____ State _____ Zip _____
Subscriber Employed by _____ Business Phone _____
Insurance Company _____ Soc. Sec. # _____
Address _____ Phone # _____ Group # _____

Secondary Insurance

Subscriber Name _____ Relationship to Patient _____ Birthdate _____
Address (If different from patient) _____ Phone _____
City _____ State _____ Zip _____
Insurance Company _____ Soc. Sec. # _____
Address _____ Phone # _____ Group # _____

Acknowledgement of Financial Assignments and Privacy Act

____ I acknowledge receipt of the Notice of Privacy Practices and understand that Maple Valley Dentistry Professionals disclose health information about me or my family members in order to obtain payment for dental services provided.
____ I authorize my insurance company(s) to pay Maple Valley Dentistry Professionals all insurance benefits otherwise payable to me or my spouse for dental services rendered to me or members of my family.
____ I understand that I am financially responsible for all charges for dental services rendered to me or my family members whether or not we receive payment of insurance benefits.
____ I understand that payment is generally due at the time of treatment unless alternative financial arrangements are made.

Signature _____ Date _____