

V. Lynn Morgan, D.D.S.

Patient Information

Patient's Name: _____ Date: _____
Gender(M/F): _____ Last Marital Status: _____ First Birth Date: _____ MI
E-Mail Address: _____
Address: _____ Street Apartment #
City State Zip Code
Phone #'s: Home _____ Work _____ Ext _____
Cell _____ Other _____

Referral Information

Name of person, office or other source referring you to our practice: _____

Responsible Party Information (if different from above)

Name: _____ Date: _____
Gender(M/F): _____ Last Marital Status: _____ First Birth Date: _____ MI
E-Mail Address: _____
Address: _____ Street Apartment #
City State Zip Code
Phone #'s: Home _____ Work _____ Ext _____
Cell _____ Other _____

Employment Information

The following is for: ☐ the patient ☐ the person responsible for payment

Employer Name: _____

Address: _____ Street City State Zip Code Phone

Dental Insurance Information

Name of Insured: _____
Insured's Birth Date: _____ Last ID #: _____ First MI Group #: _____
Insured's Address: _____ Street City State Zip Code
Insured's Employer Name: _____
Address: _____ Street City State Zip Code
Patient's relationship to insured: ☐ Self ☐ Spouse ☐ Child ☐ Other

Insurance Plan Name and Address: _____

Authorization and Release (To be completed by Patient)

I certify that I have read and understand the above information to the best of my knowledge. The above questions have been accurately answered. I authorize the dentist to release any information including the diagnosis and the records of any treatment or examination rendered to me or my child during the period of such Dental care to third party payers and/or health practitioners. I authorize and request my insurance company to pay directly to the dentist insurance benefits otherwise payable to me. I understand that my dental insurance carrier may pay less than the actual bill for service. I agree to be responsible for payment of all services rendered on my behalf or my dependents. I understand there is a fee for a broken appointment without 24 hours notice and a finance/service charge of 1.5% per month for any balance over 60 days old.

Signature

Date