



**Green Dental
&
Orthodontics**
Experience The Difference

Green Dental Patient Form

EMAIL: _____

HOME PHONE: _____

TODAY'S DATE: _____

CELL PHONE: _____

PATIENT INFORMATION

NAME: _____ SOCIAL SECURITY #: _____

ADDRESS: _____
LAST NAME FIRST NAME INITIAL

CITY: _____ STATE: _____ ZIP: _____

SEX: M F AGE: _____ BIRTH DATE: _____ SINGLE MARRIED WIDOWED SEPARATED DIVORCED

PATIENT EMPLOYED BY: _____ OCCUPATION: _____

BUSINESS ADDRESS: _____ BUSINESS PHONE: _____

WHOM MAY WE THANK FOR REFERRING YOU? _____

IN CASE OF EMERGENCY WHO SHOULD BE NOTIFIED? _____ PHONE: _____

PRIMARY INSURANCE

PERSON RESPONSIBLE FOR ACCOUNT: _____

RELATION TO PATIENT: _____ BIRTH DATE: _____ SOCIAL SECURITY #: _____
LAST NAME FIRST NAME INITIAL

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

PERSONAL RESPONSIBLE EMPLOYED BY: _____ OCCUPATION: _____

BUSINESS ADDRESS: _____ BUSINESS PHONE: _____

INSURANCE COMPANY: _____

CONTRACT #: _____ GROUP #: _____ SUBSCRIBER #: _____

NAME OF OTHER DEPENDENTS COVER UNDER THIS PLAN: _____

ADDITIONAL INSURANCE

IS PATIENT COVERED BY ADDITIONAL INSURANCE? YES NO

SUBSCRIBER NAME: _____ RELATION TO PATIENT: _____ BIRTH DATE: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

SUBSCRIBER EMPLOYED BY: _____ BUSINESS PHONE: _____

INSURANCE COMPANY: _____ SOCIAL SECURITY #: _____

CONTRACT #: _____ GROUP #: _____ SUBSCRIBER #: _____

NAME OF OTHER DEPENDENTS COVER UNDER THIS PLAN: _____

ASSIGNMENT AND RELEASE

I, the undersigned certify that I (or my dependent) have insurance coverage with _____
NAME OF INSURANCE COMPANY(IES)
 and assign directly to Dr. _____ all insurance benefits, if any, otherwise payable to me for
 services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor
 to release all necessary information to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

 RESPONSIBLE PARTY SIGNATURE

 RELATIONSHIP

 DATE

