

PATIENT INFORMATION

Thank you for selecting our periodontal healthcare team. Our goal is to provide you the best possible dental care. To help us meet all your dental healthcare needs, please fill out this form completely. If you should have any questions, please ask- we are happy to help.

Patient's Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different) _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Okay to Call at Work: _____

Birthdate: _____ Email Address: _____ Confirmation: Text Call email

Where do you work: _____

Name of Responsible Party (if different from above): _____ Birthdate: _____

Relationship to Patient: _____ Address: _____ City: _____ State: _____ Zip: _____

Primary Dental Insurance

Name of Insured: _____ Insured's Birthdate: _____

Insurance Company: _____ Phone #: _____

Insurance Address _____ City: _____ State: _____ Zip: _____

Group #: _____ ID# or SSN#: _____

Employer: _____

Secondary Dental Insurance

Name of Insured: _____ Insured's Birthdate: _____

Insurance Company: _____ Phone #: _____

Insurance Address: _____ City: _____ State: _____ Zip: _____

Group #: _____ ID# or SSN#: _____

Employer: _____

I acknowledge that I have read, Understood and will agree to the policies stated in this brochure. I further acknowledge that I am fully responsible for all charges whether or not they are covered by insurance. If it becomes necessary to effect collections of amount owed on this or subsequent visits, I agree to pay for all costs and expenses incurred, including reasonable attorney fees.

Signed (Patient or Parent/Guardian's Signature): _____ Date: _____

I hereby authorize Umpqua Periodontics & Implants to furnish information to insurance carriers concerning my treatments. I request that payment under the insurance program be made to the provider named above on any bills for services furnished to me.

Sign (Patient or Parent/Guardian's Signature): _____ Date: _____

Emergency Information – Name: _____ Phone #: _____