

PATIENT REGISTRATION FORM

PATIENT NAME: _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____
DATE OF BIRTH: ____/____/____ SEX M / F MARITAL STATUS: _____
ADDRESS: _____ CITY/ST: _____ ZIP: _____
HOME PHONE: _____ WORK PHONE: _____
CELL PHONE: _____ EMAIL ADDRESS: _____

OUR OFFICE USES TEXTS AND/OR EMAIL TO CONFIRM APPOINTMENTS

How would you prefer that we contact you? Please check a box.

- ☐ Text (data charges may apply) ☐ Email ☐ Both text and email

WHO MAY WE THANK FOR REFERRING YOU TO THIS OFFICE? CHECK ALL THAT APPLY

- ☐ Friend/Family/Current Patient Please enter name so we can thank them: _____
☐ Web search ☐ Mohr Smiles Sign
☐ Online Ad ☐ Mailer
☐ Facebook Ad ☐ Other: _____
☐ Insurance Company

PERSON RESPONSIBLE FOR ACCOUNT IF OTHER THAN PATIENT

RESPONSIBLE PARTY NAME: _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____
DATE OF BIRTH: ____/____/____ SEX: M / F RELATIONSHIP: _____
ADDRESS: _____
HOME PHONE: _____ WORK PHONE: _____
CELL PHONE: _____ EMAIL ADDRESS: _____

EMERGENCY CONTACT INFORMATION

CONTACT NAME: _____ RELATIONSHIP TO PATIENT: _____
CELL PHONE: _____ HOME PHONE: _____

PRIMARY DENTAL INSURANCE INFORMATION

EMPLOYER NAME: _____ ADDRESS: _____
INSURANCE COMPANY NAME: _____ GROUP NUMBER: _____
EMPLOYEE NAME: _____ IDENTIFICATION NUMBER: _____
DATE OF BIRTH: ____/____/____ SEX M / F RELATIONSHIP: _____
ADDRESS: _____

SECONDARY DENTAL INSURANCE INFORMATION

EMPLOYER NAME: _____ ADDRESS: _____
INSURANCE COMPANY NAME: _____ GROUP NUMBER: _____
EMPLOYEE NAME: _____ IDENTIFICATION NUMBER: _____
DATE OF BIRTH: ____/____/____ SEX M / F RELATIONSHIP: _____
ADDRESS: _____

I AUTHORIZE THE RELEASE OF ANY INFORMATION NECESSARY TO PROCESS MY CLAIMS TO MY INSURANCE COMPANY. I REQUEST INSURANCE BENEFIT PAYMENTS BE MADE TO DR. JENNIFER A. MOHR. I **ACKNOWLEDGE THAT MY INSURANCE BENEFITS ARE ESTIMATED AND THAT I AM FINANCIALLY RESPONSIBLE FOR SERVICES RENDERED IN THIS OFFICE. MY ESTIMATED PORTION IS DUE AT THE TIME SERVICES ARE RENDERED.**

SIGNATURE: _____ RELATIONSHIP: _____ DATE: _____