

## General Information Questionnaire

Full Name \_\_\_\_\_ Name you Prefer \_\_\_\_\_

Home Address \_\_\_\_\_ Zip code \_\_\_\_\_

Unit # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail \_\_\_\_\_

Best time of day to contact me \_\_\_\_\_

Birthdate \_\_\_\_\_ How you learned of us \_\_\_\_\_

Person responsible for account \_\_\_\_\_ Mark here if same as above \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Home Address \_\_\_\_\_ Zip code \_\_\_\_\_

Unit # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail \_\_\_\_\_

Best time of day to contact me \_\_\_\_\_

### Emergency Contact Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Numbers \_\_\_\_\_

### Primary Insurance

Name on Insurance Card \_\_\_\_\_ Relationship \_\_\_\_\_

Social Security Number or Insurance ID of Insured \_\_\_\_\_

Employer of Insured \_\_\_\_\_ Birthday of Insured \_\_\_\_\_

Insurance Company \_\_\_\_\_ Group number \_\_\_\_\_

### Secondary Insurance

Name on Insurance Card \_\_\_\_\_ Relationship \_\_\_\_\_

Social Security Number or Insurance ID of Insured \_\_\_\_\_

Employer of Insured \_\_\_\_\_ Birthday of Insured \_\_\_\_\_

Insurance Company \_\_\_\_\_ Group number \_\_\_\_\_

### Authorization and Release

I understand I am financially responsible for all charges whether or not paid by insurance, and that payment is due in full at time of treatment unless prior arrangements have been approved.

I authorize the dentist to release any information necessary to secure payment of dental benefits.

I authorize my insurance company to pay to the dentist all benefits otherwise payable to me for services rendered. I authorize the use of this signature on all insurance submissions.

Informed Consent to Treatment: The practice of dentistry is not without certain risks. I understand this and consent to treatment by Dr. Rodgers and his staff.

Signature \_\_\_\_\_ Date \_\_\_\_\_