

PATIENT REGISTRATION

ID: _____

Chart ID: _____

First Name: _____ Last Name: _____ Middle Initial: _____

Patient Is: ☒ Policy Holder

Preferred Name: _____

☒ Responsible Party

Responsible Party (if someone other than the patient) _____

First Name: _____ Last Name: _____ Middle Initial: _____

Address: _____ Address 2: _____

City, State, Zip: _____ Pager: _____

Home Phone: _____ Work Phone: _____ Ext: _____ Cellular: _____

Birth Date: _____ Soc Sec: _____ Drivers Lic: _____

☐ Responsible Party is also a Policy Holder for Patient☐ Primary Insurance Policy Holder☐ Secondary Insurance Policy Holder

Patient Information

Address: _____ Address 2: _____

City: Durango State / Zip: CO 81301 Pager: _____

Home Phone: _____ Work Phone: _____ Ext: _____ Cellular: _____

Sex: ☐ Male ☒ Female Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed

Birth Date: _____ Age: _____ Soc. Sec: _____ Drivers Lic: _____

E-mail: kristina.weidner@pattersondental.com ☒ I would like to receive correspondences via e-mail.

Section 2

Employment Status: ☐ Full Time ☐ Part Time ☐ RetiredStudent Status: ☐ Full Time ☐ Part TimeMedicaid ID: _____ Pref. Dentist: John Hening, D.D.S.

Employer ID: _____ Pref. Pharmacy: _____

Carrier ID: _____ Pref. Hyg.: Christine Harroun

Section 3

Additional Comments:

Primary Insurance Information

Name of Insured: 1A 1A Relationship to Insured: ☒ Self ☐ Spouse ☐ Child ☐ Other

Insured Soc. Sec: _____ Insured Birth Date: _____

Employer: Fed. Express 5Ins. Company: Insurance Company Not Found

Address: _____

Address: _____

Address 2: _____

Address 2: _____

City, State, Zip: _____

City, State, Zip: _____

Rem. Benefits: 1,000.00 Rem. Deduct: 50.00

Secondary Insurance Information

Name of Insured: _____ Relationship to Insured: ☐ Self ☐ Spouse ☐ Child ☐ Other

Insured Soc. Sec: _____ Insured Birth Date: _____

Employer: _____ Ins. Company: _____

Address: _____

Address: _____

Address 2: _____

Address 2: _____

City, State, Zip: _____

City, State, Zip: _____

Rem. Benefits: .00 Rem. Deduct: .00