

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

- Patient of our office. Please fill in name _____
 Website Mohr Smiles Sign
 TV commercial Mailer
 Insurance Company Other: _____

How active are you on social media such as Facebook or Twitter? Please circle your level of activity:

Never Occasional Moderate Heavy

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: _____

CI 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 PAYABLE AT THE TIME THE SERVICE IS PERFORMED.**

SIGNATURE: _____ RELATIONSHIP: _____ DATE _____