

Windsor Family Dentistry



Welcome to Our Office
—Tell Us About Yourself

Name: _____			Preferred Name: _____		
_____	_____	_____	_____	_____	_____
First		MI	Last		
Address: _____		City _____	State _____	Zip _____	
Email: _____		DOB: _____	SSN: _____		
Home Phone: _____		Work Phone: _____	Cell Phone: _____		
Number you can be reached during day (circle one):	Home Phone	Your preference for appointment Confirmation (circle one)?	Email	Home Phone	
	Cell Phone			Cell Phone	
	Work Phone			Work Phone	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partner					
How did you hear about our office?					

Insurance—Primary (Please update if we have not already collected this information)					
Subscriber Name:		Relationship to Patient:		Subscriber DOB:	
Subscriber Employer:		Subscriber SSN / ID:		Insurance Carrier:	
Insurance Phone Number:		Group Number:			

Insurance—Secondary (Please update if we have not already collected this information)					
Subscriber Name:		Relationship to Patient:		Subscriber DOB:	
Subscriber Employer:		Subscriber SSN / ID:		Insurance Carrier:	
Insurance Phone Number:		Group Number:			

Assignment and Release (sign only if Insured)

I, the undersigned, certify that I (or my dependent) have insurance coverage and assign directly to Windsor Family Dentistry all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payments of benefits. I authorize the use of this signature on all insurance submissions.

Responsible Party Signature: _____

Relationship: _____ Date: _____