VILLAGE ORTHODONTICS

Patient Information Form - Patients Over Age 18

Patient Information

Date Form Completed ______________________

Name: ____
First | Middle Initial | Last | Preferred Nickname

Date of Birth ________________ Gender: ☐ M ☐ F Social Security Number ________________

Address: ____
Street | City | State | Zip Code

Telephone Numbers: ______________ ______________ ______________
Home | Mobile | Work

E-mail address ______________________ Occupation ______________

Name of Employer ______________________

Marital Status: ☐ Single ☐ Separated ☐ Divorced ☐ Married Spouse Name ______________

Insurance Information

Note: If you would like us to determine your orthodontic benefits and subsequently bill your insurance as a courtesy for any treatment rendered, insurance information must be filled out completely.

Do you have Dental/Orthodontic Insurance? ______________

Insurance Company Name ______________

Address ______________

Telephone Number ______________

Group/ Plan# ______________

Name of Primary Insured ______________

Birthdate ______________

Social Security/ID # ______________

Do you have Secondary Dental/Orthodontic Insurance? ______________

Insurance Company Name ______________

Address ______________

Telephone Number ______________

Group/ Plan# ______________

Name of Secondary Insured ______________

Birthdate ______________

Social Security/ID # ______________

Responsible Party Information:

Note: Please list the person(s) responsible for this account. If the responsible party is other than the patient, that person is responsible for signing all financial contracts.

☐ Self (Same As Above) ☐ Other (Please provide additional information below)

Name: ______________________________________ Birthdate ______________
First | Middle Initial | Last

Relationship to Patient ______________________ Soc Sec # ______________

Billing Address: ____
Street | City | State | Zip Code

Telephone Numbers: ______________ ______________ ______________
Home | Mobile | Work

E-mail address ______________________ Occupation ______________

Name of Employer ______________________

Marital Status: ☐ Single ☐ Separated ☐ Divorced ☐ Married Spouse Name ______________