

Registration Form - Ahern, Nichols, Ahern, Hersey & Butterfield Family Dentistry

Patient Name: _____ Date of Birth: _____ SS#: _____

Address: _____ Home T#: _____ Cell T#: _____

Employer: _____ Work T#: _____ Email: _____

Marital Status: _____ Spouse's Name: _____ Date of Birth: _____ SS# _____

Address: _____ Home T#: _____

Employer: _____ Cell#: _____

Emergency Contact: _____ T# _____ Whom may we thank for referring you: _____

Person Financially Responsible for Account:

Name: _____ Date of Birth: _____ SS#: _____

Address: _____ Home T#: _____

Employer: _____ Work T#: _____

Relationship to Patient: _____ Email: _____ Cell T#: _____

Dental Insurance Information:

Primary Insurance: _____ Group#: _____ T#: _____

Insurance Address: _____ Relationship to Patient: _____

Insured Name: _____ Date of Birth: _____ ID#: _____

Employer Name and Address: _____

Secondary Insurance: _____ Group#: _____ T#: _____

Insurance Address: _____ Relationship to Patient: _____

Insured Name: _____ Date of Birth: _____ ID#: _____

Employer Name and Address: _____

Family Members:

Name: _____ Date of Birth: _____ T#: _____ Resides w/ _____

Name: _____ Date of Birth: _____ T#: _____ Resides w/ _____

Name: _____ Date of Birth: _____ T#: _____ Resides w/ _____

Name: _____ Date of Birth: _____ T#: _____ Resides w/ _____

Name: _____ Date of Birth: _____ T#: _____ Resides w/ _____

Assignment & Release: I understand that claims for dental services rendered may be submitted to my insurance carrier by the above named providers. I authorize payment directly to the above named group of dental providers, otherwise payable to me. I understand that I am financially responsible for all charges whether or not paid by insurance. I authorized release of any information relating to dental claims to my insurance company. Ahern, Nichols, Ahern, Hersey & Butterfield Family Dentistry may communicate with other members on your account regarding scheduling and treatment.

Signature: _____ **Print Name:** _____ **Date:** _____