PATIENT REGISTRATION

Clear Form

ID: Chart ID: Patient Is: ☐ Policy Holder ☐ Responsible Party

First Name: Last Name: Middle Initial:

Preferred Name: Preferred Pronouns: ☐ She/Her ☐ He/Him ☐ They/Them ☐ Something Else:

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: State / Zip: Pager:

Home Phone: Work Phone: Ext: Cellular:

Sex Assigned at Birth: ☐ Male ☐ Female ☐ Other: Marital Status ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed

Birth Date: Age: Soc Sec: Drivers Lic:

E-mail: ☐ I would like to receive correspondences via e-mail.

Section 2

Employment Status: ☐ Full Time ☐ Part Time ☐ Retired

Student Status: ☐ Full Time ☐ Part Time

Medicaid ID: Pref. Dentist:

Employer ID: Pref. Pharmacy:

Carrier ID: Pref. Hyg:

Section 3

Credit Card Payment

Primary 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: Rem. Deduct:

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: Rem. Deduct:

MOELLERS & MOELLERS
FAMILY DENTISTRY

How did you hear about us? (Check all that apply)

- ☐ Google/Search Engine
- ☐ Social Media (Facebook, Instagram, etc.)
- ☐ Online Reviews (Google, Yelp, etc.)
- ☐ Local advertising (print, radio, billboard, etc.)
- ☐ Referral from a friend/family member

If you were referred by a patient in our practice, *please write their name below* and we'll be sure to say THANK YOU next time we see them.

What was the biggest factor in choosing our practice? (Select one)

- ☐ Location/convenience
- ☐ Positive reviews
- ☐ Referral from someone I trust
- ☐ Services offered
- ☐ Other: _____

Did you visit our website before booking?

- ☐ Yes, and it was helpful
- ☐ Yes, but I couldn't find what I needed
- ☐ No

Love your experience? Let others know!
Your feedback helps others find our practice. If you had a great visit, we'd love for you to **leave us a quick Google review!**