



PATIENT INFORMATION

First Name: MI: Last Name: DOB: M or F
Home Address:
Home Number: Cell Number: Ok to send text message? Yes No
Email Address: SSN:

RESPONSIBLE PARTY

*Disregard if same as above Relationship to Patient:
First Name: MI: Last Name: DOB: M or F
Home Address:
Home Number: Cell Number: Ok to send text message? Yes No
Email Address: SSN:

EMERGENCY CONTACT

First Name: Last Name: Relation:
Contact Number: Work Number: Contact Email:

PRIMARY INSURANCE

Insured First Name: MI: Last Name: Relation:
Insured SSN: DOB Gender: M or F
Home Address:
Employer: Employers Number:
Insurance Company: INS Company phone number:
INS Company Address:
Group Number: Subscriber ID Number: Effective Date:

SECONDARY INSURANCE

Insured First Name: MI: Last Name: Relation:
Insured SSN: DOB Gender: M or F
Home Address:
Employer: Employers Number:
Insurance Company: INS Company phone number:
INS Company Address:
Group Number: Subscriber ID Number: Effective Date:

SIGNATURE

Financial Responsibility: I request that all dental benefits, if any, or other amounts otherwise payable to me or on my behalf for services rendered, be paid directly to the provider of service.
Information Verification: I certify that all information is complete and correct. I agree that Cornerstone Dental and Orthodontics, LLC (I.E. "C.D.O. LLC") or anyone else acting on its behalf may verify this information from any source it deems necessary including but not limited to obtaining credit reports and may provide others with information regarding credit history including credit report, contact information, and social security number to the extent permitted by law.
Consent to Use of Email Address/Telephone Numbers: I agree that Cornerstone Dental and Orthodontics, LLC (I.E. "C.D.O., LLC") to use such email address(es) for the purpose of servicing my account and/or sending me information about goods and services offered by sale by "C.D.O., LLC".

Signature of Patient, Parent, Guardian or Personal Representative Relationship to Patient Date