JORDON J GREEN DDS
Midland Dental Center

Confidential Information Questionnaire

Date_____

Patient Name_____SS#_____

Birthdate __/__/__ Age_____ How did you hear about us?_____

Address_____City_____State_____Zip_____

Sex __M __F Marital Status __Married __Single __Widowed __ Divorced__ Under 18

Phone #_____ Work #_____Ext._____

Best time and place to reach you_____

Prefer Reminders via __Text __Email_____@_____

Responsible Party_____Birthdate __/__/__ SS#_____

Emergency Contact_____Relationship_____

Phone #_____Work #_____

Employer_____

Dental Insurance Information

Insurance Coverage __Yes __No

We are happy to file almost all dental insurance paperwork. If your insurance company requires that you file, payment will be due when treatment is rendered and the paperwork given to you to file. This office may not participate in your insurance company's network. If you have out-of-network benefits, we will file your paperwork for you and you will be responsible for the difference owed after the insurance company has paid. If you have any questions, please ask. We regret that due to extended delays and inconsistencies with different companies, we will not be filing secondary insurance but can provide you with the necessary paperwork to do so.

Subscribers Name_____Birthdate __/__/__ SS#_____

Relationship to Patient_____Phone Number_____

Insurance Co._____Group #_____

Their Address_____City_____State_____Zip_____

Employer_____Phone#_____

Assignment & Release

I hereby authorize my insurance benefits to be paid directly to the dentists. I am financially responsible for any balances due and authorize the dentists to release my information for this claim. In consideration of the services rendered to me by this dental office, I am obligated to pay said office in accordance with its credit terms and policy.

Patient/Gaurdian_____Date_____