

Welcome to Honeygo Village Dentistry!

Thank you for your visit today! We appreciate you trusting us to care for your dental health, and are pleased to welcome you to our practice. To help us serve you better, please take a few moments to fill out the following form as completely as you can. If you have any question, just ask – we will be happy to help. We look forward to working with you!

Patient Information

Date _____ Home Phone _____ Cell Phone _____

Name _____ Social Security # _____ Work Phone _____

Address _____ City _____ State _____ Zip _____

Sex male female Age _____ Date of Birth _____ Single Married Widowed Divorced

Employer _____ Business Phone _____ Occupation _____

Business Address _____

May we ask your e-mail address? _____

Whom may we notify in case of an emergency? _____ Phone _____

Whom may we thank for referring you? _____

Primary Insurance

Who carries the insurance in your family? _____

Name _____ Relationship to patient _____ Phone _____

Address (if different from patient's) _____

Employed by _____ Work Phone _____

Business Address _____ Employee/Subscriber # _____

Insurance Company _____ Group # _____ Phone _____

Secondary Insurance – Please be advised that although we will be happy to assist you in filing your secondary insurance, you will be reimbursed by your insurance after paying us directly.

Person who carries secondary insurance _____ Relationship _____

Address _____ Phone _____

Social Security # _____ Subscriber/Employee # _____ Date of Birth _____

Insurance Company _____ Group # _____ Phone _____

(Please continue on the other side)