

# Stonebridge Ranch Smiles

## Patient Registration Form

Today's Date \_\_\_\_\_

**PATIENT INFORMATION:** (Please use full legal name)

\*Last Name: \_\_\_\_\_ \*First Name: \_\_\_\_\_ MI: \_\_\_\_\_

\*Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ \*Social Security #: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ \*Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Driver's Lic: \_\_\_\_\_

\*Employer Name and Address: \_\_\_\_\_

Work Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emerg Phone#: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Pref. Pharmacy & Phone#: \_\_\_\_\_

Any Condition requiring pre-medications; Heart Conditions, Joint Replacement Yes \_\_\_\_\_ No \_\_\_\_\_

Please tell us how you heard about us: \_\_\_\_\_ Referred by \_\_\_\_\_

**GUARANTOR INFORMTION:** (List person or insured name responsible for bill-use full legal name

\*Relationship of guarantor to Patient: Self \_\_\_\_\_ Spouse \_\_\_\_\_ Parent \_\_\_\_\_ Other \_\_\_\_\_

\*Last Name: \_\_\_\_\_ \*First Name: \_\_\_\_\_ MI: \_\_\_\_\_

\*Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone#: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ \*Social Security #: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ \*Sex: Female \_\_\_\_\_ Male \_\_\_\_\_

\*Employer Name \_\_\_\_\_

Work Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**INSURANCE INFORMATION:** (Please allow Front Desk to photocopy your insurance ID card)

*IF SOMEONE OTHER THAN PATIENT IS THE INSURED PARTY, PLEASE INCLUDE DATE OF BIRTH FOR CLAIMS*

**PRIMARY INSURANCE:**

Plan Name: \_\_\_\_\_ \*Insured's Name: \_\_\_\_\_

Insured's Social Security #: \_\_\_\_\_ \*Insured's Date of Birth \_\_\_\_\_

\*Policy/ ID #: \_\_\_\_\_ \*Group #: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Claims Address and Phone: \_\_\_\_\_

**\*REQUIRED FIELDS-PLEASE COMPLETE FOR BILLING.**