

MURPHY DENTAL GROUP

PATIENT REGISTRATION

PATIENTS LAST NAME: _____ FIRST NAME: _____

How do you wish to be addressed? _____ Date Of Birth: _____

Address _____

Telephone (Home) _____ (Cell) _____ (Work) _____

Email _____

How did you hear about our practice? _____

INSURANCE INFORMATION:

Primary Insurance

Subscriber Name: _____

Subscriber ID# _____

Date of Birth _____

Relationship to Subscriber Self Spouse Child Other

Employer Name _____

Insurance Company _____

Insurance Group # _____

Insurance Phone _____

Secondary Insurance

Subscriber Name: _____

Subscriber ID# _____

Date of Birth _____

Relationship to Subscriber Self Spouse Child Other

Employer Name _____

Insurance Company _____

insurance Group # _____

Insurance Phone _____

RESPONSIBLE PARTY (If minor)

Last Name: _____ First: _____

Address (if different) _____ Date of Birth _____

Telephone (Home) _____ (Cell) _____ (Work) _____

Email _____

EMERGENCY CONTACT

Last Name _____ First _____

Telephone _____

AUTHORIZATION

I consent to the diagnostic procedures and dental treatment performed by my dentist, and to the release of information concerning my (or my child's) health care, advice, and treatment to another dentist, or for evaluating and administering any claims for insurance benefits. I consent to the direct payment of my insurance benefits to dentist or dental group and understand that my insurance benefits may pay less than the actual bill for services and that I am responsible for any services not paid or covered by my insurance benefits and any account balance.

ELECTRONIC COMMUNICATIONS. I consent to receiving HIPAA- compliant electronic communications, such as email and text messages regarding treatment, payment and health care operations. I understand that there is no obligation to receive these electronic communications. Message/data rates may apply and I may opt-out of receiving electronic communications at any time by clicking the unsubscribe link provided in emails or by replying STOP via text.

I attest to the accuracy of the information on this page.

Signature _____