Healy & Molinaro
Family Practice Dentistry

Patient Registration

ID: Chart ID: Date created:

First name: Last name: M.I.:

Patient is: ◯ Policy Holder ◯ Responsible Party Preferred name:

Responsible Party (if someone other than the patient)

First name: Last name: M.I.:
Address: Address 2:
City, State, Zip: Pager:
Home phone: Work phone: Cell phone:
Birth date: Soc. Sec.: Drivers License:
◯ Responsible Party is also a Policy Holder for Patient ◯ Primary insurance Policy Holder ◯ Secondary Insurance Policy Holder

Patient information:

First name: Last name: M.I.:
Address: Address 2:
City, State, Zip: Pager:
Home phone: Work phone: Cell phone:
Sex: ◯ Male ◯ Female Marital status: ◯ Married ◯ Single ◯ Divorced ◯ Separated ◯ Widowed
Birth date: Soc. Sec.: Drivers License:
Email: ◯ I would like to receive correspondences via email
Employment status: ◯ Full time ◯ Part Time ◯ Retired
Student status: ◯ Full time ◯ Part Time
Medicaid ID: Pref. Dentist:
Employer ID: Pref. Pharmacy:
Carrier ID: Pref. Hyg.:

Additional comments:

Primary Insurance Information

Name of insured: Relationship to insured: ◯ Self ◯ Spouse ◯ Child ◯ Other
Insured Soc. Sec.: Insured birth date:

Employer: Insurance Company:
Address: Address:
City, State, Zip: City, State, Zip:
Rem. benefits: .00 Rem. deductible: .00

Secondary Insurance Information

Name of insured: Relationship to insured: ◯ Self ◯ Spouse ◯ Child ◯ Other
Insured Soc. Sec.: Insured birth date:

Employer: Insurance Company:
Address: Address:
City, State, Zip: City, State, Zip:
Rem. benefits: .00 Rem. deductible: .00