

# PATIENT REGISTRATION

(over)

## Person Responsible for Account:

Name: \_\_\_\_\_

Address if different than patient:  
\_\_\_\_\_

City/St/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work #: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_

Social Sec. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License #: \_\_\_\_\_

**Patient's Name:** \_\_\_\_\_

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

City/St/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work #: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_

Social Sec. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License #: \_\_\_\_\_

Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_

## Primary Dental Insurance Information:

Name of person responsible for Insurance plan:  
\_\_\_\_\_

Social Sec. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer: \_\_\_\_\_

Dental Ins. Co.: \_\_\_\_\_

Ins. Co. Phone #: \_\_\_\_\_

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

City/St/Zip: \_\_\_\_\_

Group #: \_\_\_\_\_ Member ID #: \_\_\_\_\_

## Secondary Dental Insurance Information:

Name of person responsible for Insurance plan:  
\_\_\_\_\_

Social Sec. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer: \_\_\_\_\_

Dental Ins. Co.: \_\_\_\_\_

Ins. Co. Phone #: \_\_\_\_\_

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

City/St/Zip: \_\_\_\_\_

Group #: \_\_\_\_\_ Member ID #: \_\_\_\_\_

# Antioch Dental Group

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES (HIPPA)

**\*\*You may refuse to sign this acknowledgement.\*\***

I, \_\_\_\_\_, have received a  
copy of this office's Notice of Privacy Practice.

\_\_\_\_\_  
(Please Print Name)

\_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_



☺ **Please take a moment to give us the following information.** ☺

☺ How did you hear about us?: Northland Telephone Directory, ☺

☺ AT&T KC North Yellow Pages, Insurance Plan, Friends, or ☺

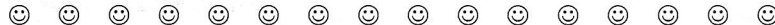
☺ Other: \_\_\_\_\_ ☺



☺ Would you like to receive  appointment reminders, ☺

☺  updates  specials via e-mail? E-mail Address below: ☺

☺ \_\_\_\_\_ ☺



## OFFICE USE ONLY

We attempted to obtain written acknowledgement  
of receipt of our Notice of Privacy Practices, but  
acknowledgement could not be obtained because:

\_\_\_ Individual refused to sign

\_\_\_ Communication barriers prohibited obtaining  
the acknowledgement

\_\_\_ An emergency situation prevented us from  
obtaining the acknowledgement

\_\_\_ Other (Please Specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_