

COOL SPRINGS FAMILY DENTISTRY, PLLC

@Moore's Lane

Patient Name _____ Today's Date _____

Address _____ City _____ State _____ Zip _____

Birthdate _____ SS# _____ Email _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Circle Appropriate: Minor Single Married Divorced Widowed Separated

Responsible Party (If other than self)
Name of Person Responsible for this Account _____ Relationship to Patient _____

Address _____ City _____ State _____ Zip _____

Employer _____ Employer Phone _____

Home Phone _____ Cell Phone _____ Email _____

Birthdate _____ SS# _____ Driver's License # _____

Is This Person Currently a Patient in our Office? YES NO

Patient's Employer _____ Work Phone _____

Spouse or Parent/Guardian's Name _____ Employer _____

Work Phone _____ Cell Phone _____

Whom May We Thank for Referring You? _____

Person to Contact in Case of Emergency _____ phone _____

For your convenience we offer the following methods of payment. Payment is due in full at each appointment.

- Cash • Personal Check • VISA • Master Card • Discover • Care Credit

Primary Insurance Information:

Name of Subscriber _____ Relationship to Patient _____

Birthdate _____ SS# _____ Policy ID# _____

Name of Employer _____ Work Phone _____

Insurance Company _____ Ins Co Phone # _____ Group # _____

Insurance Company Address _____ City _____ State _____ Zip _____

Secondary Insurance Information:

Name of Subscriber _____ Relationship to Patient _____

Birthdate _____ SS# _____ Policy ID# _____

Name of Employer _____ Work Phone _____

Insurance Company _____ Ins Co Phone # _____ Group # _____

Insurance Company Address _____ City _____ State _____ Zip _____