

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

### Patient Information

M  
 F

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ General Dentist \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Who can we thank for referring you to Dr. Neuer? \_\_\_\_\_

### Responsible Party Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Mailing Address (if different from home address) \_\_\_\_\_

SSN \_\_\_\_\_ Employer \_\_\_\_\_ Relationship to Patient \_\_\_\_\_ Email Address \_\_\_\_\_

### Additional Responsible Party Information (if applicable)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Mailing Address (if different from home address) \_\_\_\_\_

SSN \_\_\_\_\_ Employer \_\_\_\_\_ Relationship to Patient \_\_\_\_\_ Email Address \_\_\_\_\_

### Insurance Information

Primary Policy Holder's Name \_\_\_\_\_ SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Employer \_\_\_\_\_

Insurance Company \_\_\_\_\_ Claims Address and Phone Number \_\_\_\_\_

Policy ID Number \_\_\_\_\_ Group Number \_\_\_\_\_

Payor ID	Yearly Benefit	Total Benefit	Remaining Benefit	Effective Date	Monthly Claims
					<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>For Office Use Only</i>					

Secondary Policy Holder's Name \_\_\_\_\_ SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Employer \_\_\_\_\_

Insurance Company \_\_\_\_\_ Claims Address and Phone Number \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Payor ID	Yearly Benefit	Total Benefit	Remaining Benefit	Effective Date	Monthly Claims
					<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>For Office Use Only</i>					

### Thank You for Completing Your Patient Information

Prairie Pointe Orthodontics is committed to meeting or exceeding the standards of infection control mandated by OSHA, the CDC and the ADA. Our office is in compliance with the HIPAA Privacy Policies Act. Prairie Pointe Orthodontics reserves the right to verify the credit status of potential patients prior to extending credit for treatment fees and may, at the discretion of this office, use the service of one or more credit reporting agencies.

If you have any questions regarding our services or policies, please call our office at (913) 393-9911.

Signature \_\_\_\_\_

Date \_\_\_\_\_