

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 _____