

BELLEVUE DENTAL EXCELLENCE

Man Sunwoo, DMD

PATIENT INFORMATION

Date: _____

Name: _____

Birthdate: _____

Address: _____

Social Security #: _____

Minor Single Married Separated Divorced Widowed

Telephone: _____
Home Cell Work

E-mail: _____ Would you like appointment reminders via email? Y N Text? Y N

If Married, Spouse's Name _____

Person to Contact IN CASE OF AN EMERGENCY _____ Telephone _____

Whom May We Thank for Referring You to us? _____

PAYMENT INFORMATION

Same as above

Name of Person Responsible for this Account _____ Relationship to Patient _____

Address _____ Birthdate: _____

Social Security # _____

Telephone: _____
Home Cell Work

Is the responsible party a current patient in this office? YES NO

INSURANCE INFORMATION

Name of Insured _____ Relationship to Patient _____

Birthdate of Insured _____ Subscriber ID# or SS # of Insured _____

Insured Employer _____ Group # _____

Name and telephone # of Insurance Company _____

→Do You Have Additional Insurance? YES NO If yes, please complete the following:

Name of Insured _____ Relationship to Patient _____

Birthdate of Insured _____ Subscriber ID# or SS # of Insured _____

Insured Employer _____ Group # _____

Name and telephone # of Insurance Company _____

Name of Patient

Signature of Patient (or parent if patient is a minor)