REGISTRATION FORM

Please fill out this account information completely and sign.

ACCOUNT INFO:

Head of Household (in whose name the account will be listed): ____________________

Date of Birth: ____________ SS # ____________ (for insurance & ID purposes)

Home Phone: ____________ Cell phone: ____________ Work phone: ____________

Street Address (mailing address) : ______________________________

City: ______________ State: ____________ Zip Code: ____________

SPOUSE INFO:

Spouse name: ______________ Date of Birth: ________ SS#: ____________

Spouse's cell phone: ______________ Work phone: ____________

EMPLOYER INFO:

Employer Name: ____________________ Work location (city): ____________

Name of Spouse's employer: ________________ Work location: ____________

INSURANCE INFO: **(PLEASE GIVE US YOUR INSURANCE CARD TO COPY!)**

PRIMARY INSURANCE PLAN: ______________________________________
(Name of company and address information)

Name of family member that carries this insurance: ________________ Relationship: ________

Group #: ______________ ID number or SS #: ______________________

SECONDARY INSURANCE PLAN: ______________________________________
(Leave this blank if there is no secondary plan)

Name of family member that carries this plan: ________________ Relationship: ________

Group #: ______________ ID number or SS#: ______________________

DISCLOSURE AND AUTHORIZATION

I understand that the account balance is due at time of service unless other arrangements have been made. I understand that past due balances are subject to a late fee of 1 1/2% per month (18% annually). I understand that being late to an appointment, or a missed appointment may result in a late fee assigned to my account. I, the undersigned, hereby authorize the release of information relating to all claims for benefits submitted on behalf of myself, spouse or dependents. I am bound by my signature that I authorize the assignment of insurance benefits to Distinctive Dental Services, PA. I attest to the fact that all the information submitted above is current, accurate and true:

SIGNATURE: ______________________ **DATE SIGNED:** ____________