

**MESSER DENTAL PC – Welcome to our office**

Jeremy J. Messer DMD Ron J. Seeley DDS

Date \_\_\_\_\_

Patient Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Male  Female  Minor  Single  Married  Divorced  Widowed

Person Responsible for Account  Self  Spouse  Parent Name: \_\_\_\_\_

SSN of Patient or Responsible Party \_\_\_\_\_

Billing Address (for responsible party) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Preferred Contact :  Email \_\_\_\_\_  Home  Cell  Text  Work  Other \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Employer for responsible party \_\_\_\_\_

**Primary Insurance (all information pertains to the policy holder)**

Policy Holder \_\_\_\_\_  Self  Spouse  Parent  Other

Employer \_\_\_\_\_

Insurance Company \_\_\_\_\_ ID Number \_\_\_\_\_

Birthdate \_\_\_\_\_ SSN \_\_\_\_\_

Phone of primary policy holder \_\_\_\_\_

Address of policy holder if **DIFFERENT** from responsible party \_\_\_\_\_

City, state, zip \_\_\_\_\_

**Secondary Insurance (all information pertains to the policy holder)**

Policy Holder \_\_\_\_\_  Self  Spouse  Parent  Other

Employer \_\_\_\_\_

Insurance Company \_\_\_\_\_ ID Number \_\_\_\_\_

Phone of secondary policy holder: \_\_\_\_\_

Birthdate \_\_\_\_\_ SSN \_\_\_\_\_

Address of policy holder if **DIFFERENT** from responsible/primary party \_\_\_\_\_

City, state, zip \_\_\_\_\_