

RAMAPO ORAL AND MAXILLOFACIAL SURGERY, P.C.

**PATIENT REGISTRATION
WELCOME TO OUR PRACTICE**

Male Female Single Married Separated Divorced Widowed

Patients Name:(Last) _____ (First) _____ (M.I.) _____
Street Address: _____ City _____, State _____ Zip _____
Home Phone _____ Cell _____ Driver's License# _____
Birthdate _____ E-mail _____ Social Security# _____ - _____ - _____
Employer _____ Address _____
City, State, Zip _____ Employer Phone# _____

Who is financially responsible (If not patient)

Name: _____ Relationship _____
SS#: _____ Birthdate _____
Street Address _____ City, State, Zip _____
Home# _____ Work _____ Cell _____
In case of emergency please call _____ Phone _____
Referred By: _____ Address _____ Phone _____

PAYMENT FOR TODAY'S SERVICES WILL BE MADE BY: Please indicate one.

Cash Check Visa / Mastercard

INSURANCE INFORMATION (Please complete):

Primary Dental

Secondary Dental

Ins Co. _____
Ins Address _____
Insured's Name _____
Employer's Name _____
ID#: _____ Group#: _____
Date of Birth _____

Ins Co. _____
Ins Address _____
Insured's Name _____
Employer's Name _____
ID#: _____ Group#: _____
Date of Birth _____

Primary Medical

Secondary Medical

Ins Co. _____
Ins Address _____
Insured's Name _____
Employer's Name _____
ID#: _____ Group#: _____
Date of Birth _____

Ins Co. _____
Ins Address _____
Insured's Name _____
Employer's Name _____
ID#: _____ Group#: _____
Date of Birth _____

PAYMENT POLICY

Payment is required at the time services are rendered. If it is necessary and my account is submitted to and collection agency and/or attorney, collection cost will be added to any unpaid balance.

RELEASE OF MEDICAL INFORMATION & SIGNATURE AUTHORIZATION

I authorize the release of any medical and dental information necessary to process claims to my insurance carrier for services rendered by the provider. I further authorize that the signature below can be utilize as a "signature on file" for the purpose of insurance submission on my behalf and/or to obtain medical clearance necessary to treat me.

Signature **Today's Date**