


 Patient Information

Name..... SS #.....
 Birthdate/...../..... Age..... Sex...M.../...F... Marital Status.....
 Address.....
 City..... State..... Zip Code.....
 Home phone (.....) E-mail.....
 Cell phone (.....) Work telephone (.....)
 Employer.....
 Pharmacy..... Pharmacy telephone (.....)
 How did you hear about us?.....

 Insurance Information

Primary Insurance..... Insurance Phone (.....)
 Policy #..... Policy holder's name.....
 Policy holder's SS#..... Relation to patient..... Birthdate/...../.....
 Policy holder's Address.....
 City..... State..... Zip Code.....
 Cellphone (.....) E-mail.....

 Secondary Insurance..... Insurance Phone (.....)
 Policy #..... Policy holder's name.....
 Policy holder's SS#..... Relation to patient..... Birthdate/...../.....
 Policy holder's Address.....
 City..... State..... Zip Code.....
 Cellphone (.....) E-mail

 Emergency Contact

Name..... Relationship..... Cell phone (.....)
 Name..... Relationship..... Cell phone (.....)

Please be prepared to take care of fees at the time service is rendered unless previous arrangements have been made. To assist you, we accept Visa, Mastercard, Debit cards, and cash. We DO NOT accept personal checks. We also offer extended payment plans through Care Credit and Lending Club.

If you have dental insurance, we will accept assignment of benefits from your insurance carrier. However, it must be understood that you are responsible for any deductible and co-insurance payment at the time service is rendered AND for any portion not paid for by your insurance within 60 days.

***To the best of my knowledge, I have answered the preceeding questions correctly and should assignment of Dental Insurance benefits be used, I consent to those benefits being made payable to Sandra Vargas D.M.D, P.C.**

Signature responsible for the account: