

# Autumnwood Dental

B. Ardi Pribadi, DDS, PS • 430 N. West Avenue, Suite #1 • Arlington, WA 98223

## PATIENT REGISTRATION

PATIENT NAME (Last, First, Middle Initial)			DATE OF BIRTH	
ADDRESS			SOCIAL SECURITY NUMBER	
CITY, STATE, ZIP			MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married	
HOME PHONE	MESSAGE PHONE	CELL PHONE		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
PREFER <input type="checkbox"/> Morning Appointment <input type="checkbox"/> Afternoon Appointment			RELATIONSHIP TO INSURED <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
EMPLOYER			WORK PHONE	
OCCUPATION			E-MAIL ADDRESS	
<b>OTHER MEMBERS OF YOUR FAMILY SEEN BY THIS OFFICE</b>				
NAME		DATE OF BIRTH		SOCIAL SECURITY NO.
NAME		DATE OF BIRTH		SOCIAL SECURITY NO.
<b>WHO SHOULD BE NOTIFIED LOCALLY IN CASE OF EMERGENCY?</b>				
NAME			PHONE	
ADDRESS				
<b>REFERRED TO THIS OFFICE BY:</b>				
NAME			PHONE	
<b>INSURANCE INFORMATION</b>				
<b>PRIMARY COVERAGE</b>			<b>SECONDARY COVERAGE</b>	
SUBSCRIBER'S NAME			SUBSCRIBER'S NAME	
DATE OF BIRTH			DATE OF BIRTH	
INSURANCE COMPANY			INSURANCE COMPANY	
SOCIAL SECURITY NUMBER			SOCIAL SECURITY NUMBER	
GROUP NUMBER			GROUP NUMBER	
LOCAL NUMBER OR POLICY NUMBER			LOCAL NUMBER OR POLICY NUMBER	
EMPLOYER			EMPLOYER	
OCCUPATION			OCCUPATION	
UPDATED ON		SIGNATURE		DATE

### VERIFICATION OF BENEFITS

<p style="text-align: center;">For office use only</p> <p>Effective Date _____</p> <p>Yearly Plan Maximum \$ _____ Calendar Year _____</p> <p>Ind Ded. \$ _____ Fam Ded. \$ _____ W/Prev: Y or N Met: Y or N</p> <p>Class 1 _____ % Class 2 _____ % Class 3 _____ %</p> <p>Perio: _____ Endo _____ Ext _____ Implants _____</p> <p>Prosthetic Replacement _____ Alternate Benefit _____</p> <p>FMX/Pano: _____ BWX: _____ Exam: _____ Prophy: _____</p> <p>Sealants: _____ Flouride: _____ Nightguard: _____ Denture: _____</p> <p>Quad Scaling: _____ Perio Maint: _____ Atridox (4381): _____</p> <p>Waiting Period for Major: _____ Missing Tooth Clause: _____</p> <p>Ortho Maximum \$ _____ USED \$ _____ Age Limit _____</p> <p>USED TO DATE \$ _____ DATE VERIFIED _____</p>	
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