

Javadi Smiles

5308 Lake Murray Boulevard, Ste C

La Mesa, CA 91942

(619) 464-4411

Today's Date: _____

About You

Patient Name: _____

I prefer to be called: _____

Male Female

Email Address: _____

Home Address: _____

City: _____ Zip: _____

Birthdate: ____/____/____

SS#: _____-_____-_____

Single Married Partnered Divorced

HM # :(____) _____

Cell # :(____) _____

Work # :(____) _____ Ext: _____

DL#: _____

Employer: _____

Employer's Address: _____

Who May we Thank for referring you: _____

Other family members seen by us: _____

Person Responsible for Account: _____

Spouse Information

His/ Her Name: _____

Employer: _____

Birthdate: ____/____/____

SS#: _____-_____-_____

Relative or Friend not living with you

His/ Her Name: _____

Contact #:(____) _____

Primary Insurance Information

Insurance Co. Name: _____

Insurance Co. Address: _____

Insurance Co. Phone#: (____) _____

Group # (Plan, Local, Policy #): _____

Subscriber Name: _____

Subscriber Birthdate: ____/____/____

ID: _____

SS#: _____-_____-_____

Secondary Insurance Information

Insurance Co. Name: _____

Insurance Co. Address: _____

Insurance Co. Phone#: (____) _____

Group # (Plan, Local, Policy #): _____

Subscriber Name: _____

Subscriber Birthdate: ____/____/____

ID: _____

SS#: _____-_____-_____

Payment is due in full at the time of treatment

Unless prior arrangements have been approved

If this office accepts my dental insurance, I understand that I am responsible for payment of services rendered and also responsible for paying any co-payment and deductibles that my insurance does not cover. I hereby authorize release of any information, including diagnoses and records of treatment to my insurance company for billing purposes.

Signature

Date