

Michael P. Logue, D.M.D., P.A.

Patient Information Worksheet

PATIENT INFORMATION

Name: _____

S.S.#: _____

Address: _____ Apt: _____

Marital Status: M__ S__ W__ D__

_____ Zip code: _____

Driver's Lic.: _____

Telephone: _____

Business Telephone: _____

Date of Birth: _____ Age: _____

Business Address: _____

Sex: M__ F__

Name of Spouse or Parent: _____

Employed by: _____

Referred by: _____

Physician: _____

Dentist: _____

Do you have a note or X-rays from your doctor:

Person to Contact in case of an emergency: _____

Yes__ No__

Emerg. Contact Phone #: _____

RESPONSIBLE PARTY INFORMATION

Name: _____

Relation to Patient: _____

Address: _____

Hm. Telephone: _____

Wk. Telephone: _____

Employer: _____

Employer Address: _____

Form of Payment: Cash__ Check__ MC/Visa__

“Due at time of service.”

INSURANCE INFORMATION

Insurance Co.: _____

Medical or Dental

Group #: _____

Policy Holder: _____ Relationship: _____

S.S.#: _____

Employer: _____

Birthdate: _____

Secondary Insurance

Insurance Co.: _____

Medical or Dental

Group #: _____

Policy Holder: _____ Relationship: _____

S.S.#: _____

Employer: _____

Birthdate: _____

FINANCIAL POLICY

Contract to pay medical services:

I understand that my or my child's dental or medical insurance may deny payment for services identified as not reasonable and necessary. If my or my child's insurance denies payment for partially covered, non-covered or excluded services, I agree to be personally and fully responsible for payment. **“Payment is expected at time of service.”**

Authorization to release medical information:

Michael P. Logue, D.M.D., P.A. is hereby authorized to release any medical or incidental information that may be necessary for medical care or processing insurance.

Legal-Responsible party:

If patient is a minor and/or under custodial care, the below responsible party represents that they are legally authorized to obtain medical services for the patient.

Responsible party's signature

Responsible party's printed name

Date