

## Patient Information

First and Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Is text ok (circle one)? Yes No

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Is it ok to send protected health information to this address (circle one): Yes No

### Insurance Information

Insurance Carrier: \_\_\_\_\_

Member ID: \_\_\_\_\_

Group Number: \_\_\_\_\_

Employer (who is supplying the insurance): \_\_\_\_\_

If you have dental insurance through a spouse or guardian, please list their name and date of birth:

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about Golden Heart Dental?