

Date

Patient Information

Last Name: First Name: MI: Preferred:

Address: Phone #:

City: State: Zip Code: Work #:

Email Address: Cell #:

Birthdate: SSN: Driver's Licence #:

Employment Information

Is the patient employed? Part Time Full Time Retired Not Employed Self Employed Student

Employer: Employer Address:

Emergency Contact: Relation: Phone:

Emergency Contact: Relation: Phone:

Whom may we thank for referring you to our office?

Insurance Information

Preferred:

Insurance Company: Phone #:

Policy Holder Name: Birthdate: Relation:

Subscriber ID#: Group#: SSN:

Please list names of all persons covered by insurance:

Secondary Insurance? Yes No Secondary Insurance Company:

MEDICAL INFORMATION RELEASE: I acknowledge that I have been provided a copy of the Notice of Privacy of Dr. Jamison S. Cox and that the dental office may release all or portions of my dental record to me and to people or companies responsible to pay the charges for my care (i.e. - insurance, health benefits companies, worker's compensation carriers). I further acknowledge that Dr. Cox may disclose my patient information to referring or treating health care providers. I hereby authorize the dental office to obtain my health information from other health care entities and providers, including but not limited to films/images and other dental information deemed necessary by the dentist or representatives. I understand that I may inspect my protected health information, request more information, and revoke this authorization as permitted by the federal privacy regulations and in accordance with Dr. Jamison S. Cox's Privacy Policy.

HIPPA laws prevent us from disclosing your health information to anyone other than yourself without your written permission. Please list any names and relations of individuals (if any) that can discuss your health care with us. This may include a spouse, significant other, parent, child, etc.

Name: Relation: Name: Relation:

Name: Relation: Name: Relation:

Patient/Responsible Party Signature: Date