

Please Print

Account Number: _____

Circle One: Dr/Mr/Mrs/Ms/Miss

First: _____ Middle: _____ Last: _____ Jr/Sr: _____

Street: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Email Address: _____ May we contact you by Email? (circle) **Yes No**

Patient Social Security Number: _____ Patient Date of Birth: _____ Sex:(circle) **M F**

Emergency Contact: _____ Phone: _____

How did you hear about BelleSmiles?

Newspaper Radio TV Internet Referral Other: _____

Insurance Information

Do you have Dental Insurance? (circle) Yes No

Do you have Secondary Dental Insurance? (circle) Yes No

Primary Insured		Secondary Insured	
Subscriber Name		Subscriber Name	
Subscriber SSN		Subscriber SSN	
Date of Birth		Date of Birth	
Relationship to Subscriber	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	Relationship to Subscriber	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other
Employer Name		Employer Name	
Employer Phone		Employer Phone	
Insurance Company		Insurance Company	
Insurance Group #		Insurance Group #	
Insurance Phone #		Insurance Phone #	
Please present card to receptionist to be photocopied			

Payment Options

At BelleSmiles, we understand that affordability is an important consideration in getting the denture and dental treatment you need and deserve. We offer a variety of payment options so that your treatment is within reach. If you think you may be interested in one of our payment programs—and to save you time later on—just complete the section below. We'll do the rest.

General Information			Employer Information	
Drivers License Number:	State:	Exp. Date:	Employer Name	
Residence Status:	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with others		Employer Phone	
Income			Personal Reference	
Source of Income:	<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed		Personal Reference Phone #	
<input type="checkbox"/> Unemployed <input type="checkbox"/> Disability	<input type="checkbox"/> None <input type="checkbox"/> Investment <input type="checkbox"/> Other:		Nearest Relative Phone #	
<input type="checkbox"/> Monthly	<input type="checkbox"/> Hourly <input type="checkbox"/> Yearly			
Gross \$Amount:	Net \$Amount:			