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Davis Dental Surgery Center

Dental Extraction • Jaw Surgeries • Dental Implants

ASSIGNMENT OF BENEFITS AND RELEASE OF INFORMATION

Patient's name: _____ Date: _____
Patient's address: _____ City: _____ State: _____ Zip: _____
Home phone: _____ Work phone: _____ Cell phone: _____
Patient's date of birth: _____ SSN#: _____
Is the patient a full-time student? ☐ **Yes** ☐ **No** If yes, where? _____

INSURANCE INFORMATION:

PRIMARY

Name of subscriber: _____
Date of birth: _____ SSN#: _____ DL#: _____
Subscriber's address: _____ City: _____ State: _____ Zip: _____
Home phone: _____ Work phone: _____ Cell phone: _____
Employer: _____
Employer's address: _____ City: _____ State: _____ Zip: _____
Name of dental insurance company: _____
Address: _____ City: _____ State: _____ Zip: _____
Group #: _____ Phone: _____
Patient's relationship to subscriber: ☐ **Self** ☐ **Spouse** ☐ **Child** ☐ **Parent**
☐ **Other** (please specify if not blood-related, e.g. step-, half-, divorced)_____
Is the patient covered by a second insurance company? ☐ **Yes** ☐ **No**

SECONDARY

Name of subscriber: _____
Date of birth: _____ SSN#: _____ DL#: _____
Subscriber's address: _____ City: _____ State: _____ Zip: _____
Home phone: _____ Work phone: _____ Cell phone: _____
Employer: _____
Employer's address: _____ City: _____ State: _____ Zip: _____
Name of dental insurance company: _____
Address: _____ City: _____ State: _____ Zip: _____
Group #: _____ Phone: _____
Patient's relationship to subscriber: ☐ **Self** ☐ **Spouse** ☐ **Child** ☐ **Parent**
☐ **Other** (please specify if not blood-related, e.g. step-, half-, divorced)_____

_____
Signature