Welcome

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have questions we'll be glad to help you.

We look forward to working with you in maintaining your dental health.

HATTIESBURG FAMILY DENTAL CARE
Lana J. Clarke, DMD ※ Leigh Kuyrkendall, DMD

6142 U.S. Highway 98, Suite 10
Hattiesburg, MS 39402
Phone: (601) 450-1123
Fax: (601) 450-1127

Patient Information

Date_____ Pt. #_____ Home Phone (_____)_____

Name_____ Soc. Sec. #_____
Last Name First Name Initial

Address_____

City_____ State_____ Zip_____

Sex ☐ M ☐ F Age_____ Birthdate_____ ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced

I prefer to be called: _____ Other family members seen by us: _____

Business Address_____ Business Phone (_____)_____

Whom may we thank for referring you?_____

In case of emergency who should be notified?_____ Phone (_____)_____

Primary Insurance

Person Responsible for Account_____
Last Name First Name Initial

Relation to Patient_____ Birthdate_____ Soc. Sec. #_____

Address (If different from patient's)_____ Phone (_____)_____

City_____ State_____ Zip_____

Person Responsible Employed By_____ Occupation_____

Business Address_____ Business Phone (_____)_____

Insurance Company_____

Contract #_____ Group #_____ Subscriber #_____

Names of other dependents covered under this plan_____

Authorization

I authorize my insurance company to pay to the dentist or dental group all insurance benefits otherwise payable to me for services rendered. I authorize the use of this signature on all insurance submissions.

I authorize the dentist to release all information necessary to secure the payment of benefits.

I understand that I am financially responsible for all charges whether or not paid by insurance.

I understand if I am unable to keep my appointments, I must kindly give 24 hours notice, or I will be charged a cancellation fee.

Signature _____ Date

Payment is due in full at time of treatment unless prior arrangements have been approved.

Please Complete Both Sides