



YATES CENTER

DENTAL AND ORTHODONTICS

Dr. Matthew Standridge

PATIENT DEMOGRAPHICS AND INSURANCE INFORMATION

Correct answers to the following questions will allow your dentist to treat you on a more individual basis, providing the care appropriate for your particular needs.

Name: _____ Date of Birth _____ Social Security Number _____

Mailing address: _____
Street/PO Box _____ City _____ State _____ Zip Code _____

Phone Number _____ Mobile Phone Number _____

Email Address: _____

Emergency Contact Name: _____ Relationship _____ Phone Number _____

Would you like to receive text reminders? Yes _____ No _____

Preferred method of contact? Text _____ Email _____ Phone Call _____

Dental Insurance

Primary Dental Insurance Name

Secondary Dental Insurance Name

Policy # _____

Policy # _____

Group # _____

Group # _____

Subscriber Name _____

Subscriber Name _____

Subscriber Date of Birth _____

Subscriber Date of Birth _____

Subscriber SSN _____

Subscriber SSN _____

MEDICAL INSURANCE - there are some dental procedures that can be submitted to your medical insurance; you will not be charged any extra fees for this service. **We do not submit any claims to Medicare Medical or Medicaid (Kancare) Insurances.**

Primary Medical Insurance Name

Secondary Medical Insurance Name

Policy # _____

Policy # _____

Group # _____

Group # _____

Subscriber Name _____

Subscriber Name _____

Subscriber Date of Birth _____

Subscriber Date of Birth _____

Subscriber SSN _____

Subscriber SSN _____