

**HEARTLAND DENTAL GROUP  
PATIENT INFORMATION**

Date \_\_\_\_\_ Account Number \_\_\_\_\_

**PATIENT**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Mid. Initial \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ SS# \_\_\_\_\_  
Telephone (Hm) \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
Employer \_\_\_\_\_ Employer's Address \_\_\_\_\_  
Occupation \_\_\_\_\_  
Name of Spouse \_\_\_\_\_ If child, Parent's Name \_\_\_\_\_  
Spouse's Employer \_\_\_\_\_ Name & number of emergency contact \_\_\_\_\_  
May we contact you at work? YES NO

**DENTAL INSURANCE**

Do you have dental insurance? YES NO If yes complete information below:

Primary Insurance		Secondary Insurance
Single Plan	Family Plan	
Name of Insurance Company _____	_____	_____
Employer _____	_____	_____
Program or Policy# or Group ID # _____	_____	_____
Employee Name _____	_____	_____
Employee Date of Birth _____	_____	_____
Employee SSN _____	_____	_____

I authorize Heartland Dental Group to release any information needed to process my insurance claims. Heartland Dental Group will file your insurance as a courtesy, however, I understand that I am ultimately responsible for payment of all services rendered.

I assign benefits payable, for the services provided, to Heartland Dental Group or the provider.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PERSON RESPONSIBLE FOR ACCOUNT (IF OTHER THAN PATIENT)**

Parent \_\_\_\_\_ Spouse \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Tel. (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Employer \_\_\_\_\_ Employer Address \_\_\_\_\_  
SS# \_\_\_\_\_

**REFERRAL** — Whom may we thank for recommending us to you? \_\_\_\_\_

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

\*\*You may refuse to sign this acknowledgement\*\*

I, \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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**For Office Use Only**

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**We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:**

- Individual refused to sign
- An emergency situation prevented us from obtaining acknowledgement
- Communications barriers prohibited obtaining the acknowledgement
- Other