In-House Dental Care 9506 Hamilton Ave. Huntington Beach, CA 92646 P. (949) 339-5373 F. (949) 339-5383

Patient and Responsible Party Information

PATIENT'S INFORMATION:

Patient's Name: ____ DOB: _____________

Address: ____

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Phone #: ____________________________________ Email: ____________________________

RESPONSIBLE PARTY:

Name: ______________________________________ Relationship to Pt.: __________________

Address: ____

____

Phone #: ___________________________________ Email: _____________________________

INSURANCE INFORMATION:

☐ NONE

Policy Holder's Name: ____ DOB: ______________

Employer's Name: ____ Group #______________

Insurance Company: ____ ID#: _______________

Mail Claims To: ____

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Insurance Phone Number: _____________________________________