

J. Alexander Smith, D.M.D.
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136 E. Broadway
Bel Air, Maryland 21014

PATIENT INFORMATION

Patient Name _____ Age _____ Date of Birth _____ M ___ F ___
Address _____ City/State/Zip _____
Phone (Home) _____ (Work) _____ (Cell) _____ SS# _____ - _____ - _____
Marital Status _____ Employer _____ Occupation _____ Referred by _____
Student (y/n) _____ FT/PT _____ School _____
Closest Relative (not at same address) _____ Phone _____
Address _____ City/State/Zip _____

RESPONSIBLE PARTY

Name of Person Responsible for the Account _____ Relationship to Patient _____
Address _____ City/State/Zip _____
Phone (Home) _____ (Work) _____ (Cell) _____ SS# _____ - _____ - _____
Employer _____ Employer's Phone _____
Employer Address _____ City/State/Zip _____
Spouse _____ SS# _____ - _____ - _____ Date of Birth _____
Spouse's Employer _____ Employer's Phone _____

INSURANCE

Dental Insurance Company _____
Policy Holder's Name _____ Relationship to Patient _____
Place of Employment _____ Policy Holder's Date of Birth _____
Policy Number _____ Group Number _____

Medical Insurance Company _____
Policy Holder's Name _____ Relationship to Patient _____
Place of Employment _____ Policy Holder's Date of Birth _____
Policy Number _____ Group Number _____

Additional Insurance Company _____
Policy Holder's Name _____ Relationship to Patient _____
Place of Employment _____ Policy Holder's Date of Birth _____
Policy Number _____ Group Number _____

FINANCIAL POLICY

Payment is expected at the time of services unless other arrangements are made. If you have insurance, please understand that part of the fee may be due at the time of service. The bill is your responsibility. If your insurance does not pay within a reasonable period of time, you will be billed for the remaining amount. Visa and MasterCard are accepted in this office.

I authorize Dr. Smith, Vafakos and Smith's office to release any information related to my insurance claim. I hereby authorize payment of insurance to Dr. J. Alexander Smith, Dr. Aaron J. Vafakos and Dr. W. King Smith.

Signature _____ Date _____