

# Welcome!

**Mark Balenseifen, D.D.S., P.C.**

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## PATIENT INFORMATION FORM – ALL INFORMATION IS CONFIDENTIAL

### **PATIENT INFORMATION: (CONFIDENTIAL)**

Today's Date \_\_\_\_\_ E-mail address \_\_\_\_\_

Name \_\_\_\_\_ [ ] Male [ ] Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth-date \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_\_ DL# \_\_\_\_\_

[ ] Single [ ] Married [ ] Divorced [ ] Widowed [ ] Separated

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Employer's address \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_

Person to Contact in Case of Emergency \_\_\_\_\_ Phone \_\_\_\_\_

### **SPOUSE INFORMATION:**

His/Her Name \_\_\_\_\_ Birth-date \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext \_\_\_\_\_

### **RESPONSIBLE PARTY:**

Person Responsible for this Account \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Social Security # \_\_\_\_\_ DL # \_\_\_\_\_ Employer \_\_\_\_\_

### **INSURANCE INFORMATION:**

#### **PRIMARY INSURANCE:**

Name of insured \_\_\_\_\_ Relationship to patient \_\_\_\_\_

Insurance Co. Name \_\_\_\_\_ Insurance Co. Phone \_\_\_\_\_

Policyholder ID # \_\_\_\_\_ Group Plan # \_\_\_\_\_ Employer \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Insured's Birth-date \_\_\_\_/\_\_\_\_/\_\_\_\_ Insured's Social Security # \_\_\_\_\_

Do you have additional insurance? [ ] Yes [ ] No If Yes, complete the following:

#### **SECONDARY INSURANCE:**

Name of insured \_\_\_\_\_ Relationship to patient \_\_\_\_\_

Insurance Co. Name \_\_\_\_\_ Insurance Co. Phone \_\_\_\_\_

Policyholder ID # \_\_\_\_\_ Group Plan # \_\_\_\_\_ Employer \_\_\_\_\_

Insured's Birth-date \_\_\_\_/\_\_\_\_/\_\_\_\_ Insured's Social Security # \_\_\_\_\_

Mark Balenseifen DDS PC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Spanish: Tomaremos acciones razonables para proporcionar servicios de asistencia lingüística gratuitos a aquellas personas cuyo lenguaje escuchamos frecuentemente en nuestro consultorio y que no hablen un inglés lo suficientemente bueno como para hablar con nosotros sobre el servicio odontológico que suministramos.

Vietnamese: Chúng tôi sẽ thực hiện các bước cần thiết để cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho những người giao tiếp bằng những ngôn ngữ mà chúng tôi có thể nghe thấy tại phòng khám của mình và cho những người không có đủ trình độ tiếng Anh để thảo luận về dịch vụ chăm sóc nha khoa mà chúng tôi đang cung cấp.