

Welcome!!!

Pinckneyville Dental Care
1000 S Main Pinckneyville, IL 62274

Thank you for selecting our dental healthcare team!
We will strive to provide you with the best possible dental care.
To help us meet all your dental needs, please fill out this form completely in ink.
If you have any questions or need assistance, please ask us, we will be happy to help.

Patient Information (CONFIDENTIAL)

Name _____ Birth date _____ SSN# _____ Date _____
Home Phone _____ Cell Phone _____
Address _____ City _____ State _____ Zip _____
Check appropriate box: Minor Single Married Divorced Widowed Separated
If Student, School/College _____ City _____ State _____ Full Time Part Time
Patient's or Parent's Employer _____ Work Phone _____
Business Address _____ City _____ State _____ Zip _____
Spouse or Parent's Name _____ Employer _____ Work Phone _____
Person to Contact in Case of Emergency _____ Home/Cell Phone _____
Nearest relative not living with you _____ Home/Cell Phone _____

Responsible Party

Name _____ Relationship to Patient _____
Home Phone _____ Cell Phone _____
Address _____ City _____ State _____ Zip _____
Drivers License # _____ Birth date _____ SSN# _____
Business Address _____ City _____ State _____ Zip _____

Dental Insurance Information

Name of Insured _____ Relationship to Patient _____
Birth date _____ SSN# _____ Date Employed _____
Name of Employer _____ Union or Local # _____ Work Phone _____
Address of Employer _____ City _____ State _____ Zip _____
Insurance Company _____ Group # _____ Policy/ID _____

DO YOU HAVE ANY ADDITIONAL DENTAL INSURANCE Yes No **IF YES, COMPLETE THE FOLLOWING**

Name of Insured _____ Relationship to Patient _____
Birth date _____ SSN# _____ Date Employed _____
Name of Employer _____ Union or Local # _____ Work Phone _____
Address of Employer _____ City _____ State _____ Zip _____
Insurance Company _____ Group # _____ Policy/ID _____

Financial Responsibility

I understand that regardless of my assigned insurance benefits, I'm responsible for the total charges for services rendered and that I further agree that all amounts are due upon request and are payable to PDC, I further understand that should this account become delinquent and it becomes necessary for this account to be transferred to an attorney or collection agency for suit or collections, I, as the designated responsible party, shall pay the reasonable expenses for the suit or collections.

Signature _____

