

2025 Patient Registration

Patient Information

First Name	Last Name	Middle Name
-	-	-
Preferred Name	Date of Birth	Residential Address
-	-	-
City	State	Zip
-	-	-
Gender	Social Security Number	
-	-	

Contact Information of the Patient

Email	Home Phone Number	Cell Phone Number
-	-	-

Responsible Party's Information

Full name	Street address	City
-	-	-
State	Zip	Home Phone Number
-	-	-
Cell Phone Number	Social Security Number	
-	-	

Emergency Contact Information

Full name	Phone number	Relationship to Patient
-	-	-

Primary Dental Insurance Details

Name Of Subscriber	Subscriber Date of Birth	Insurance Company
-	-	-
Relation To Patient	Dental Member ID	Dental Group Number
-	-	-
Employer Name	Electronic signature (ESign)	
-		
	Date :	

Secondary Insurance Information

Policy Holder Name	Policy Holder Date of Birth	Relationship to Patient
-	-	-
Insurance Company Name	Insurance Id	Group #
-	-	-

Disclaimer

I authorize the release of all medical information to my insurance company, physician or dentist as deemed necessary in the professional judgment of my oral surgeon. I assign all insurance benefits which I am entitled, to OM3 Surgery. This assignment shall remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as the original. I understand as the responsible party I am financially responsible for all charges, regardless of any insurance coverage, Including all lab fees for surgical guides and temporary crowns, flippers or dentures. I understand and agree that if the bill is not paid in full within 30 days of the services provided, I will be charged interest at the rate of 12% per annum, compounded monthly on any balance due.

I HAVE COMPLETED AND READ THE INFORMATION ABOVE AND UNDERSTAND IT.

Cancellation Policy:

I understand that if I no-show or cancel my surgical appointment without at least 48 hours notice during business hours (Monday-Friday), I will be charged a non-refundable \$125 cancellation fee and must pay 50% of my patient portion to reschedule my surgery. Voicemails and text messages left after business hours are not accepted as valid cancellations.

I HAVE COMPLETED AND READ THE INFORMATION ABOVE AND UNDERSTAND IT.

Patient/Responsible Party (ESign)

Date

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Date :