

Patient Registration

John Yaung, D.M.D.

5677 Gibraltar Dr. Ste. B, Pleasanton, CA 94588

Melissa Chen, D.M.D.

(925) 225-9855

www.jyaungdmd.com

Patient First Name: _____ Patient Last Name: _____ Middle Initial: _____

Preferred Name: _____

Patient Is: Policy Holder Responsible Party Dependent

Patient Information

Address: _____

City: _____ State/Zip: _____

Home Phone: _____ Work Phone: _____ Ext: _____ Cell Phone: _____

Sex: Male Female Marital Status: Married Single Divorced Separated Widow

Birth Date: _____ Age: _____ Soc. Sec: _____ Drivers Lic: _____

E-mail: _____ I would like to receive correspondences via e-mail.

Section 2

Section 3

Employment Status: Full time Part Time Retired Referred By: _____

Student Status: Full time Part Time Previous Dentist: _____

Carrier ID: _____ Emergency Contact Name: _____

Pref. Pharmacy: _____ Emergency Contact #: _____

Primary Insurance Information

Name of Insured: _____ Relationship to Insured: Self Spouse Child Other

Insured Soc. Sec: _____ Insured Birth Date: _____

Employer: _____ Insured Company: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Secondary Insurance Information

Name of Insured: _____ Relationship to Insured: Self Spouse Child Other

Insured Soc. Sec: _____ Insured Birth Date: _____

Employer: _____ Insured Company: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Assignment & Release

I, the undersigned certify that I (or my dependent) have insurance coverage with _____ and assign directly to Dr. _____ all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance, and that Drs. Yaung and Chen have the right over any photos taken in this office and hold authorization for those materials. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

Responsible Party Signature: _____ **Date:** _____