



## Primary Insurance

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Insured Name (if different): \_\_\_\_\_

Relation to Patient? \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_                      SSN: \_\_\_/\_\_\_/\_\_\_

Employer: \_\_\_\_\_

Subscriber ID: \_\_\_\_\_

Group No: \_\_\_\_\_

Name and Address of Insurance Company:

\_\_\_\_\_  
\_\_\_\_\_

IF YOU HAVE SECONDARY COVERAGE, PLEASE NOTIFY THE FRONT DESK SO THEY CAN COLLECT THE APPROPRIATE INFORMATION.

### **How did you hear about us? Select all that apply.**

- Doctor Referral    Name of Doctor: \_\_\_\_\_
- Patient Referral    Name of Patient: \_\_\_\_\_
- Insurance Company Website-In Network
- General Internet Search; Arch City Dental Website
- Nationwide Employee or Chase Employee (circle appropriate employer)
- Drove by/Walked by
- Valpak Mailing
- Other \_\_\_\_\_