

Welcome

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 of your dental healthcare 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 you.

Ronald S. Benedetti, DDS

Michael G. Hoffman, DDS

Located at: 600 Bankview Drive, Suite B, Frankfort, IL 60423

Patient Information (confidential)

Date _____

Name _____ Prefer to be called _____ Gender _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Cell# _____ Birth Date _____

Social Security # _____ Driver's Lic. # _____

Work Phone _____ Ext. _____ Email Address _____

In case of emergency, contact _____ relation _____ Phone _____

Who may we thank for referring you? _____

Responsible Party (to whom statements should be addressed)

Name _____ Relationship to patient _____ Gender _____

Address _____ City _____ State _____ Zip _____

Home Phone# _____ Cell# _____ Birth date _____

Social Security # _____ Driver's Lic. # _____

Employer _____ Position _____ Work Phone _____

Email Address: _____

Is this person currently a patient in our office? Yes No

Insurance Information

Name of Insured _____ Relationship to Patient _____

Birthdate _____ Social Security # _____ Employer _____

Ins. Co. Name (for above employer) _____ Group# _____

Ins. Co. Address: _____ Ins Co. Phone # _____

I agree to be financially responsible for this account according to the policies listed separately.

Signature _____ date _____