



JOHN RAVERA, DDS

GENERAL & COSMETIC DENTISTRY

Date ____/____/____ Email _____ @ _____ Home Phone () _____

PATIENT INFORMATION

Name _____ Social Security # ____/____/____
Last First Middle Initial

Address _____

City _____ State _____ Zip _____

Sex F ☐ M ☐ Age ____ Birthdate ____/____/____ ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced

Patient Employed By _____ Occupation _____

Business Address _____ Business Phone () _____

Whom may we thank for referring you? _____

In case of an emergency who should we notify? _____ Phone () _____

PRIMARY INSURANCE

Person Responsible for Account _____
Last First Middle Initial

Relation to Patient _____ Birthdate ____/____/____ Social Security # ____/____/____

Address (if different from patient's) _____ Phone () _____

City _____ State _____ Zip _____

Person Responsible Employed By _____ Occupation _____

Business Address _____ Business Phone () _____

Insurance Company _____

Plan _____ Group # _____ Subscriber ID _____

Names of other dependents covered under this plan _____

ADDITIONAL INSURANCE

Is patient covered by another insurance? ☐ Yes ☐ No

Subscriber Name _____ Relation to Patient _____ Birthdate ____/____/____

Address (if different from patient's) _____ Phone () _____

City _____ State _____ Zip _____

Subscriber Employed by _____ Business Phone () _____

Insurance Company _____ Social Security # ____/____/____

Plan _____ Group # _____ Subscriber ID _____

Names of other dependents covered under this plan _____

ASSIGNMENT AND RELEASE

I, the undersigned certify that I (or my dependent) have insurance coverage with the above named companies and assign directly to Dr. John Ravera DDS 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. I hereby authorize Dr. Ravera to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

Print Name

Signature

____/____/____
Date