



World of Smiles, Pediatric Dentistry
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Family and Insurance Information

Child's Name: _____

Male Female Date of Birth: _____ Age: _____

Second Child's Name: _____

Current Patient? Male Female Date of Birth: _____ Age: _____

Third Child's Name: _____

Current Patient? Male Female Date of Birth: _____ Age: _____

Whom may we thank for referring you to our practice? _____

If not referred, how did you hear about us? _____

Guarantor Information (Person responsible for account)

Parent/Legal Guardian Information

Name _____

Please check the **one** that applies:

Mother

Step-mother

Grandparent

Father

Step-father

Legal Guardian

Please check the **one** that applies:

Married

Single

Divorced

Separated

Widowed

Birth Date: _____

Social Security Number: _____

Address: _____

Same as Child's

E-Mail Address: _____

Home phone number: _____ Work #: _____ Cell #: _____

Employer/Occupation: _____

Second Parent/Legal Guardian Information:

Name _____

Please check the **one** that applies:

Mother
Father

Step-mother
Step-father

Grandparent
Legal Guardian

Please check the **one** that applies:

Married
Separated

Single
Widowed

Divorced

Birth Date: _____

Social Security Number: _____

Address: _____

Same as Child's

E-Mail Address: _____

Home phone number: _____ Work #: _____ Cell #: _____

Employer/Occupation: _____

Dental Insurance Information

You must bring a copy of your current card or plan information. Without this information, we cannot bill your claims and you will be responsible for any and all fees for today's (and future) appointments. Your card must include the group number, subscriber name and ID (or social security number), a claims address and the provider telephone number.

Primary Dental Insurance

Subscriber: _____

Insurance Company: _____

Insurance Company Phone Number: _____

ID #: _____

Group #: _____

Secondary Dental Insurance

Subscriber: _____

Insurance Company: _____

Insurance Company Phone Number: _____

ID #: _____

Group #: _____

Office Use Only

Benefits:

Exam ___x___

Sealants _____

Maximum \$ _____

Prophy ___x___

N2O Yes/No

Deductible \$ _____ Fam. Ded. \$ _____

BW ___x___

9248 Yes/No

Prev _____

Pano/FMX ___x___

9220 Yes/No

Basic _____

Fluoride ___x___

Major _____