Joseph L Wagner III, DMD
4882 Brownsboro Med. Ctr.
Louisville, KY. 40207-2342

Patient Information

Date

Name

Address

City State Zip

Home Phone Business Phone

Occupation

Employed By

Employer's Address

City State Zip

Age Birthdate Sex

☐ Single ☐ Married ☐ Divorced ☐ Widowed

Patient's Social Security Number (Or Guardian's)

Spouse's Name

Employed By

Friend/Relative Not Living With You

Phone Address

Family Physician

Person Responsible For Bill

Name

Address

City State Zip

Phone

Relationship To Patient

Occupation

Employed By

Employer's Address

City State Zip

Business Phone

* Primary Dental Insurance

Policy Holder Birth Date

Employer's Name

Insurance Company Name

Insurance Company Address

City State Zip

I.D. # (SS #) Policy or Group #

Secondary Dental Insurance

Policy Holder Birth Date

Employer's Name

Insurance Company Name

Insurance Company Address

City State Zip

I.D. # (SS #) Policy or Group #

Referral Source

☐ Physician Name

☐ Friend Name

☐ Relative Name

☐ Newspaper Ad

☐ School Programs

☐ Other

☐ Yellow Pages

☐ Open House/ Special Events

☐ Location (Please Specify)

Release Information

I understand terms are cash for services rendered (if these terms create a problem please see the business office about making other arrangements before you are examined). I will be responsible for all charges incurred by me. I hereby assign to and authorize insurance payment directly to Dr Joseph Wagner all benefits payable under the terms of any insurance policy listed above. I realize the insurance benefits may not pay all the bill and I agree to pay the difference or the entire bill if necessary. I authorize the release of any dental information necessary to process claims on any insurance policy listed above.

SIGNATURE DATE SIGNED