KIAMESHA MCCLELLAN, D.D.S.
LYNTHIA STEWART, D.D.S.
MIA LAGRANGE, D.D.S

2200 MORRISS RD., SUITE 150
FLOWER MOUND, TX 75028
PHONE (972) 539-4290

ADULT PATIENT REGISTRATION

PATIENT INFORMATION

LAST NAME_____FIRST_____M.I.____

ADDRESS_____

CITY_____STATE_____ZIP_____

HOME TELEPHONE_____CELL #_____WORK#_____

EMPLOYER_____SOCIAL SECURITY #_____

BIRTHDATE_____AGE_____SEX (Please circle) Male Female

EMERGENCY CONTACT_____PHONE NUMBER_____

E-MAIL: _____

RESPONSIBLE PARTY - HOLDER OF INSURANCE POLICY

LAST NAME_____FIRST_____M.I.____

ADDRESS_____

CITY_____STATE_____ZIP_____

HOME TELEPHONE_____WORK/ALT. PHONE_____

SOCIAL SECURITY #_____EMPLOYER_____

BIRTHDATE_____ SEX (Please circle) Male Female

PRIMARY INSURANCE COMPANY_____PHONE #_____

GROUP NUMBER#_____

AS A COURTESY TO YOU, WE WILL FILE YOUR CLAIM WITH YOUR INSURANCE COMPANY. HOWEVER, IT IS YOUR RESPONSIBILITY TO MAKE SURE THEY PAY YOUR BILL. IF THEY DO NOT PAY WITHIN 90 DAYS OF SERVICES RENDERED, IT THEN BECOMES YOUR RESPONSIBILITY TO PAY YOUR BILL AND HAVE THE INSURANCE COMPANY REIMBURSE YOU DIRECTLY.
ALL PAYMENTS ARE DUE AT THE TIME SERVICES ARE RENDERED UNLESS PRIOR FINANCIAL ARRANGEMENTS HAVE BEEN MADE. WE ACCEPT CASH, CHECKS, VISA, MASTERCARD, DISCOVER AND AMERICAN EXPRESS.

PATIENTS SIGNATURE:_____DATE:_____