



THE ORAL SURGERY CENTER

Have you or a member of you family been seen in our office before?..... Yes No

PATIENT INFORMATION:

Name (Mr., Mrs., Ms., Dr.)..... Date of Birth.....Sex Male Female
 Address Apt. Number
 City State..... Zip Code.....
 Telephone (.....).....
 Telephone (.....).....
 Employer..... Weight.....Age.....Marital Status.....
 Social Security #
 If student, name of school
 Dentist Physician.....
 Name of nearest relative Telephone (.....)
 (not living with you)

WHOM MAY WE THANK FOR REFERRING YOU TO THIS OFFICE?.....

PRIMARY INSURANCE HOLDER INFORMATION:

Name Relation to patient.....
 Address Apt. Number
 City State..... Zip Code.....
 Telephone (.....).....
 Telephone (.....).....
 Employer.....
 Social Security # Birth Date
 Insurance Co. Policy #/Group #

SECONDARY INSURANCE HOLDER INFORMATION:

Name Relation to patient.....
 Address Apt. Number
 City State..... Zip Code.....
 Telephone (.....).....
 Telephone (.....).....
 Employer.....
 Social Security # Birth Date
 Insurance Co. Policy #/Group #

I WISH TO PAY MY ACCOUNT IN THE FOLLOWING MANNER:

CASH (5% SAVINGS) INSURANCE / INITIAL PAYMENT VISA / MASTERCARD
 REQUEST INSURANCE PRE-AUTHORIZATION

AUTHORIZATION AND AGREEMENT

In signing this authorization and agreement, it is clearly understood that the fees of this office are set by this office and are not bound by my insurance company's fee schedule. I hereby authorize The Oral Surgery Center to furnish to my insurance company all information which may be requested. I acknowledge full responsibility for payment of this account and understand that any financial benefits allowed by my insurance company is solely a matter between the insurance company and myself. I further acknowledge it is not the responsibility of The Oral Surgery Center to verify any such benefits which may be allowed. I will make payment with the understanding I will be reimbursed in the event my insurance company makes payment.

Signature of person responsible for account Date.....

8401 SEASONS PARKWAY, WOODBURY, MN 55125 PHONE 651 738 2341
 7791 79TH STREET SOUTH, COTTAGE GROVE, MN 55016 PHONE 651 458 5292
 6303 OSGOOD AVENUE NORTH, STILLWATER, MN 55082 PHONE 651 351 0059
 404 WISCONSIN AVENUE, AMERY, WI 54001 PHONE 715 268 5668
 ALL LOCATIONS FAX 651 738 9048