



Dental & Health Insurance Information

frontdesk@thehillsfamilydentistry.com | 1231 Elfin Forest Rd West - Suite 112, San Marcos, CA 92078 | (760) 798-7166

Date: _____

Patient's Name: _____
Last First MI

Patient's Birth Date: _____

Patient's Address: _____
City State Zip Code

Health Insurance

Does the patient have health insurance? Yes - Work Health Insurance Yes - Individual Health Insurance No Health Insurance

Insurance Plan Name: _____ Patient's relationship to Policyholder: Self Spouse Child Other

Name of Primary Policyholder: _____
Last First MI

Dental Insurance

Does the patient have dental insurance? Yes - Work Dental Insurance Yes - Individual Dental Insurance No Dental Insurance

Patient's Relationship to Policyholder: Self Spouse Child Other: _____

Insurance Plan Name: _____ ID #: _____ Group #: _____

Insurance Address: _____
City State Zip Code

Policyholder's Employer Name: _____

Employer's Address: _____
City State Zip Code

Additional Dental Insurance

Does the Patient have an additional Dental Insurance? Yes No (Skip the questions below)

Type of Dental Insurance: Work Dental Insurance Individual Dental Insurance

Patient's relationship to Policyholder: Self Spouse Child Other: _____

Insurance Plan Name: _____

Insurance Address: _____
City State Zip Code

Policyholder's Employer Name: _____

Employer's Address: _____
City State Zip Code