



## ***PATIENT REGISTRATION***

Name (first, last): \_\_\_\_\_

Address: \_\_\_\_\_

Birthdate (mm/dd/yyyy): \_\_\_\_\_ Sex (M/F): \_\_\_\_\_

SSN: \_\_\_\_\_ DL#: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Employer/School Address: \_\_\_\_\_

Employer/School Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

(cell phone & email are used for text/electronic appointment reminders/confirmations)

Referred to our office by: \_\_\_\_\_

Emergency Contact (name and phone): \_\_\_\_\_

## ***DENTAL INSURANCE***

Primary Insured (name, if not self): \_\_\_\_\_

Primary Insured SSN: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Group Number: \_\_\_\_\_

Is the Patient covered by additional secondary insurance? YES \_\_\_ NO \_\_\_

Secondary Insured Name: \_\_\_\_\_

Secondary Insured SSN: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Group Number: \_\_\_\_\_

### ***\$45 Fee for Broken Appointments less than 48 hours notice.***

Assignment, Release: and Responsibility: I certify that I, and/or my dependents, have insurance coverage and I assign directly to Roberto Bellegarrigue DMD, PA all insurance benefits, if any, otherwise payable to me for services rendered. I authorize the use of my signature on all insurance submissions. The information is accurate and true to the best of my knowledge. I understand that I am financially responsible for all charges whether or not paid by insurance including reasonable attorney's fees, court costs and collections fees of 30% in the event of default. I further understand that if a payment becomes 30 days past due a late fee of 18% (1.5% monthly) will be assessed every month until payment is received or the account goes to collections. I hereby authorize Roberto Bellegarrigue DMD, PA and its agents, and assignees to contact me via email, text messages, and cellular devices using automated telephone dialing systems.

Signature and Date: \_\_\_\_\_

**Roberto Bellegarrigue DMD, PA**

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