

Coronado Dental Dr. Pham

7377 S. Jones Blvd., Ste - 110
Las Vegas, NV 89139
Phone: (702) 382-2709
Fax: (702) 387-9995

PATIENT INFORMATION

Email Address: _____ Home phone: _____
Cell Phone: _____
Name _____ Soc. Sec. # _____
Address _____
City _____ State _____ Zip _____
Sex M F Age _____ Birthdate _____
 Single Married Widowed Separated Divorced
Driver Lic.: # _____
Patient Employed by _____ Occupation _____
Business Address _____ Business Phone _____
Full-Time Student Yes No. Name of College _____ City & State _____
Referral Source: Yellow Pages Family Other _____
In case of emergency who should be notified? _____ Phone _____

PRIMARY INSURANCE

Person Responsible for Account _____
Relationship to patient _____
Address if different from patient _____
City _____ State _____ Zip _____
Person Responsible Employed by _____ Occupation _____
Business Address _____ Business Phone _____
Insurance Company _____
Contract # _____ Group # _____ Subscriber _____
Names of other dependents covered under this plan _____

ADDITIONAL INSURANCE

Patient covered by additional insurance? Yes No
Subscriber Name _____ Relationship to Patient _____ Birthdate _____
Address (if different from patient's) _____ Phone _____
City _____ State _____ Zip _____
Subscriber Employed by _____ Business Phone _____
Insurance Company _____ Soc. Sec. # _____
Contract # _____ Group # _____ Subscriber# _____
Names of other dependents covered under this plan _____

Payment is due in full at time of treatment unless prior arrangements have been approved. Balances unpaid after 90 days are subject to a late charge of 1½% per month.
I understand that I am financially responsible for all charges whether or not paid by insurance.

Signature _____ Date _____