

19th Avenue Dental

Shuichi Yamaguchi, D.D.S., P.S.
10217 19th Avenue SE, Ste. 203
Everett, WA 98208
(425) 385-8130 • (425) 385-2658 Fax

Patient's Name _____ Birth Date _____ Age _____
S.S.# _____ Gender _____ Married _____ Single _____
Address _____ Mailing (if different) _____
City _____ State _____ Zip _____
Home Phone _____ Cell or Work Phone _____
Student? What School? _____
Email Address _____
Responsible Party if patient is a minor _____
Relationship to patient _____ Employer _____
Work Phone _____ Emergency Contact & Phone _____

Insurance 1st Coverage

Insurance 2nd Coverage

Employee Name _____	_____
Employer _____	_____
Insurance Co. Name _____	_____
Insurance Phone _____	_____
Policy or ID# _____	_____
Union Local or Group # _____	_____
S.S.# _____	_____
Birth Date _____	_____
Relationship to Patient _____	_____

Whom may we thank for referring you? _____

Release of Benefits and Information: I authorize my insurance benefits to be paid directly to the doctor of this facility. I understand that I am responsible for any balance due and outstanding. I authorize the doctor or insurance company to release any information required for this and subsequent claims on my behalf. If the office incurs expenses in trying to collect from me, such as filing a lawsuit, I agree to pay any responsible collection costs, including, but not limited to attorney's fees. I am obligated to pay said dental center in accordance with its credit terms and policies.

Today's Date _____ Patients' Signature _____
If patient is a minor, guardian or parent must sign