

# All Smiles Dental Care, PLLC.

Olan D. Parr, Jr., DDS

## CONFIDENTIAL PATIENT INFORMATION

(PLEASE PRINT CLEARLY)

Patient Name		Date of Birth	
Address (Billing)	Street Address, Apt #	City	State Zip
SSN		Email	
Home Phone #		Cell phone #	Marital Status S M W D
Employer		Responsible party if under 18 years old	Relationship

Emergency Contact		Relationship		Phone	
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## PRIMARY DENTAL INSURANCE

Subscriber's Name		Subscribers date of birth	
Subscriber's SSN			
Relationship	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child <input type="checkbox"/> _____
Employer		Work Phone	
Insurance Company		ID #	Group #
Claims Address	Street Address, Suite #	City	State Zip

## HIPAA COMPLIANCE

There are often times when we contact our patients regarding their appointments, financial information, and their protected medial information. BY LAW we are required to get permission from the patient to do so.

Please list any and all phone numbers below that we can call and or leave messages about the above information.

What phone number(s) can we leave messages about APPOINTMENTS?	( ) -
What phone number(s) can we leave messages about FINANCES?	( ) -
What phone number(s) can we leave messages about PROTECTED MEDICAL INFO?	( ) -

Please list any and all person(s) we can talk to about the below information

Who can we talk to about APPOINTMENTS?	
Who can we talk to about FINANCES?	
Who can we talk to about PROTECTED MEDICAL INFORMATION?	

Signature of patient/responsible party		Date	
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