GLEN LAKE DENTAL ASSOCIATES

14421 Excelsior Blvd
Minnetonka, MN 55345
Ph: (952) 935-5212
Fx: (952) 935-1391

Patient Registration

Name of person responsible for this account					
Patient's Name				Nickname	
Birthdate		Gender		Marital Status	
Address					
City		State		Zip	
Home Phone		Work Phone		Cell Phone	
Email Address				*Would you like correspondence by email?*	
Emergency Contact Name				Relation	
Phone Number		How were you referred?			

Dental Insurance

Subscriber/Employee Full Name		Date of Birth	
Name of Employer			
Insurance Company		Insurance Phone Number	
Insurance Mailing Address			
SSN or ID Number		Group Number	
Are you covered under another dental insurance company? If yes, please supply the same information listed above			

BY SIGNING BELOW, I UNDERSTAND IT IS MY REPONSIBILITY TO VERIFY INSURANCE COVERAGE AND BENEFITS.

I UNDERSTAD IT IS MY RESPONSIBILITY TO PAY ANY BALANCE THAT INSURANCE DOES NOT COVER.

I WILL PAY ALL COLLECTION & LEGAL FEES IF WE HAVE TO USE THOSE SERVICES.

A financial charge of 1.5% (annual rate of 18%) will be applied to account business after charges have remained for 60 days.

______________________________ ____________________

SIGNATURE **DATE**