



Highlands
Dental Care

2770 S. Highland Ave, Unit 103
Lombard, IL – 60148
Phone: (630) 426 -6996

NEW PATIENT REGISTRATION

Insurance Information

Insurance Company		Group #	
Policy ID #			
Please present insurance card to the receptionist			

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Do you have any additional insurance Yes No

If yes, please complete the following

Name of Insured		Relationship to Patient	
Date of Birth		SSN	
Name of Employer		Address of Employer	
City		State	
ZIP		Insurance Company	
Group #		Policy ID#	

Responsible Party

Name of the person responsible for this account			
Relationship to the Patient			
Address		City	
State		ZIP	
Home Phone		Cell Phone	
Work Phone		Email	
Driver's License		Date of Birth	
Financial Institution		SSN	
Name of Employer			

Is the person, currently a patient in our office? Yes No

For your convenience, we offer following method of payment. Please check the option you prefer. Payment is expected at the time of the service:	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit Card <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> I wish to discuss the office's payment policy
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