STEPHEN M. HUPPERT DDS

SACRAMENTO

BETTER SMILES
BETTER LIVES

ACQUAINTANCE FORM

TODAY'S DATE _____

Name _____ Marital Status _____
First MI Last

What do You Prefer To Be Called? _____ **Birthdate** _____

Address _____
Cell Phone _____ Street City Zip

Home Phone _____ **Social Security No.** _____ **Driver's Lic. No.** _____

Occupation _____ Employer _____

Work Phone _____ Employer's Address _____ Zip _____

Spouse's Name _____ Spouse's Social Security No. _____

Spouse's Occupation _____ Spouse's Employer & Phone _____

Name of Person Responsible for Account _____

Name/Address of Relative or Close Friend _____

Who May We Thank for Referring You to Our Office _____

E-mail Address

DENTAL INSURANCE INFORMATION

Primary Dental Insurance Company _____ Name of Insured _____

Insured's Social Security No. _____ Birthdate _____ Group No. _____

Insured's Employer _____

Insurance Company's Mailing Address _____ Phone _____

Secondary Dental Insurance (if any) _____ Name of Insured _____

Insured's Social Security No. _____ Birthdate _____ Group No. _____

Insured's Employer _____

Insurance Company's Mailing Address _____ Phone _____

FINANCIAL POLICY

Our office has available several options for payment of services in order to fit each individual's needs. Patients are responsible for knowing their dental benefits; however, we will be happy to help with any questions you may have. We will submit dental insurance claims on your behalf, and can usually give estimates on your portions not covered by your particular plan.