

CHILD REGISTRATION

(Patients under 18 years of age)

Snyder Dentistry

Kelly Anne Snyder, DDS, P.C.

4488 Holt Rd.
Holt, MI 48842
517-694-4700

**Thank you for selecting our team to provide dental care for your child.
We always strive to make your child's dental visit pleasant and comfortable.**

YOUR CHILD:

First Name _____ Last Name _____ MI _____ M / F
Birth Date _____ Preferred Name/Nickname _____ School _____
Child's Home Address _____ Phone _____

PARENT OR GUARDIAN INFORMATION:

Name (s) _____ Birth Date: _____
Relation to Child _____
Address _____ Home Phone _____
Cell Phone _____ Work Phone _____ *may we contact you at work if needed?* Yes No
Preferred Method of Contact (*please circle one*) Home Cell Work Email _____
Who is responsible for making appointments? _____ Relation to Child _____

INSURANCE INFORMATION:

PRIMARY DENTAL INSURANCE:

Insured's Name _____ Relation _____ Insured's Birth Date _____
Insured's Social Security # _____ Insured's Employer _____
Insurance Group # _____ Insurance Policy # _____
Insurance Company Name _____ Insurance Company Phone # _____

SECONDARY DENTAL INSURANCE:

Insured's Name _____ Relation _____ Insured's Birth Date _____
Insured's Social Security # _____ Insured's Employer _____
Insurance Group # _____ Insurance Policy # _____
Insurance Company Name _____ Insurance Company Phone # _____

AUTHORIZATION AND RELEASE:

I authorize the dentist / staff to perform any necessary services that my child may need during diagnosis and treatment with my informed consent. I authorize the dentist / staff to release any information including diagnosis and records of any treatment or examination rendered to third party payers and/or health practitioners. I authorize and request my dental company to pay directly to the dentist any insurance benefit otherwise payable to me. I understand that my insurance provider may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered for my child /dependent. I understand that payment is due at the time of service unless other arrangements have been made.

PARENT/GUARDIAN SIGNATURE

DATE