

CHILD REGISTRATION

(Patients under 18 years of age)

Snyder Dentistry

Kelly Anne Snyder, DDS, P.C.

2101 N. Aurelius Rd.

Suite 3

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 _____ Hobbies _____

Child's Home Address _____ Phone _____

RESPONSIBLE PARENT OR GUARDIAN INFORMATION:

Name (s) _____ Relation to Child _____

Address _____ Home Phone _____

Cell Phone _____ Work Phone _____ may we contact you at work if needed? Yes No

Email _____ may we send email correspondence regarding appointments? Yes No

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