Huei-Ling Chang, D.D.S.
Periodontics & Dental Implants
1286 Kifer Rd., Ste.111, Sunnyvale, CA 94086
Tel: (408)886.8690

Patient Registration Form

Last Name:__________________ First Name:_____________________ DOB:___/___/___
Phone: (H)________________ (O) ________________ (C) ________________ Sex: M/F
Address:____
City State Zip Code
Email:________________________________ Preferred to be Contacted by? Phone/Email/Text
Emergency Contact:____________________________________ Phone:__________________
How do you hear from us?____

Financial Information

Person Responsible for this Account: ____Self ____ Parent ____Spouse Name:_____________
Driver License #_____________ State_______ SSN#____________ Occupation:____________
Employer:____ Phone:____________________
Employer's Address:____

For Patient's with Dental Insurance

Primary Dental Insurance

Insured Person's Name:_______________________________________ SSN#:_____________
DOB:____/____/____ Name of Insurance:____
Group#:_____________________ Group Name:_______________________________________
Insurance Address:____ Phone:_____________

Secondary Dental Insurance

Insured Person's Name:_______________________________________ SSN#:_____________
DOB:____/____/____ Name of Insurance:____
Group#:_____________________ Group Name:_______________________________________
Insurance Address:____ Phone:_____________

Authorization

I authorize my insurance company to pay to the dentist all insurance benefits otherwise payable to me for services rendered. I authorize the use of this signature on all insurance submissions.

I authorize the dentist to release all information necessary to secure the payment of benefits. I understand that I am financially responsible for all charges whether or not paid by insurance.

Signature____Date________________________

Insurance Update
Any Change? N___Y___(File out a new form) Reviewed by:____________________________
Date:___________