Alameda Pediatric Dentistry

Alameda (510) 521-5437 • Pleasanton (925) 846-5437 • Oakland (510) 763-5437 • Brentwood (925) 516-4107

Please fill out this form in its entirety.

Parent/Guardian Responsible for Account

_____

Relationship to patient _____

Date of Birth (MM/DD/YYYY) _____ / _____ / _____

Occupation/Position _____

Address _____

City _____ Zip _____

Cell (_____) _____

Work (_____) _____

Other: _____

Email _____

Second Parent/Guardian

_____

Relationship to patient _____

Date of Birth (MM/DD/YYYY) _____ / _____ / _____

Occupation/Position _____

Address _____

City _____ Zip _____

Cell (_____) _____

Work (_____) _____

Other: _____

Email _____

Parent/Guardian Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed

If divorced - child resides with: _____ Who has custody: _____

DENTAL INSURANCE INFORMATION

Does your child have state funded insurance (ex: Medi-Cal/Denti-Cal/Alameda Health Alliance)? ☐ Yes ☐ No

Primary Insurance Policy Holder Name _____

Dental Insurance Company _____ Member/Enrollee ID# _____

Policy Holder DOB _____ Policy Holder SSN _____

Employer _____

Secondary Insurance Policy Holder Name (if applicable) _____

Dental Insurance Company _____ Member/Enrollee ID# _____

Policy Holder DOB _____ Policy Holder SSN _____

Employer _____

CHILD'S HISTORY

Name _____ Preferred Name _____

Date of Birth (MM/DD/YYYY) _____ / _____ / _____ Age _____ Weight _____

☐ Male ☐ Female | Preferred Pronouns _____ Gender Identity _____

School Name _____

Sports and/or Hobbies _____ Musical Instruments Played _____

Name of former dentist _____ City _____ Last Visit _____

How did you hear about our office? _____

Has any member of your family been a patient of this office before? ☐ Yes ☐ No | Name(s) _____

Current dental concerns _____

As a courtesy, our office will bill your insurance. We do our very best to collect from your carrier. However, you are ultimately responsible to know your benefits and assume full responsibility for any outstanding account balance.

Parent/Guardian Signature _____ Date _____