

LeJon M. Carreon, DDS

10268 W. Centennial Road, Suite 100

Littleton, CO 80127

(303) 933-2066

PATIENT INFORMATION

Name: _____

Sex: Male Female

Address: _____

Date of Birth: _____

City/State/Zip: _____

Social Security #: _____

Phone: _____ Home Work Cell Marital Status: Married Single Divorced Widowed

Phone: _____ Home Work Cell Primary Physician: _____

Email address: _____

Referred By: _____

PATIENT EMPLOYMENT

Employed Retired Student Other

Employer: _____

Phone: _____

GUARANTOR - Responsible Party (Insured)

Same as Patient: _____

Name: _____

Address: _____

City/State/Zip: _____

GUARANTOR'S EMPLOYMENT INFORMATION

Employer: _____

Phone: _____

Social Security #: _____

Date of Birth: _____

PRIMARY INSURANCE

Same as Patient Same as Guarantor Other

Insured Party: _____

Relationship to Patient: _____

Insured Phone: _____

Insured Social Security #: _____

Insurance Company: _____

Insurance Company Phone: _____

Group #: _____

Member ID #: _____

Insured's Date of Birth: _____

SECONDARY INSURANCE

Same as Patient Same as Guarantor Other

Insured Party: _____

Relationship to Patient: _____

Insured Phone: _____

Insured Social Security #: _____

Insurance Company: _____

Insurance Company Phone: _____

Group #: _____

Member ID #: _____

Insured's Date of Birth: _____

Assignment of Benefits: I hereby assign all dental benefits to LeJon M. Carreon, DDS. The assignment will remain in effect until revoked by me in writing. A photocopy of this agreement is to be considered valid as an original. I understand that I am financially responsible for all charges whether or not said insurance company pays. I hereby authorize said assigned to release all information necessary to secure payment.

* I authorize Dr. Carreon to post a photo of my child on the No Cavity Kids Club board in this dental office.

Signature: _____

Date: _____