



**GLEN LAKE
DENTAL**
ASSOCIATES

14421 Excelsior Blvd
Minnetonka, MN 55345
Ph: (952) 935-5212
Fx: (952) 935-1391

Patient Registration

Name of person responsible for this account					
Patient's Name				Nickname	
Birthdate		Gender		Marital Status	
Address					
City			State		Zip
Home Phone		Work Phone			Cell Phone
Email Address				Would you like correspondence by email?	
Emergency Contact Name				Relation	
Phone Number		How were you referred?			

Dental Insurance

Subscriber/Employee Full Name			Date of Birth	
Name of Employer				
Insurance Company		Insurance Phone Number		
Insurance Mailing Address				
SSN or ID Number			Group Number	
Are you covered under another dental insurance company? If yes, please supply the same information listed above				

BY SIGNING BELOW, I UNDERSTAND IT IS MY RESPONSIBILITY TO VERIFY INSURANCE COVERAGE AND BENEFITS.

I UNDERSTAD IT IS MY RESPONSIBILITY TO PAY ANY BALANCE THAT INSURANCE DOES NOT COVER.

I WILL PAY ALL COLLECTION & LEGAL FEES IF WE HAVE TO USE THOSE SERVICES.

A financial charge of 1.5% (annual rate of 18%) will be applied to account business after charges have remained for 60 days.

SIGNATURE

DATE