

# Welcome

to Highlands Dental Care



2770 S. Highland Ave, Unit 103  
Lombard, IL 60148 - (630) 426-6996

Please take a few minutes to answer the following questions so we can better assist you with your dental needs.

Patient Information				
Patient's First Name		Middle Name	Last Name (as it appears on insurance card or ID)	
Sex	Marital Status	Date of Birth	Social Security Number	
Patient's Address		City	State	Zip
Home Phone		Mobile Phone	Email Address	
Who may we thank for recommending you				
Patient Employer/School Information				
Employer/School		Occupation	Employer/School Phone	
Employer/School Address		City	State	Zip
Emergency Contact Information				
Emergency Contact Name		Emergency Contact Phone	Relation to Patient	

Billing and Insurance – Primary Dental Insurance				
Insured's Name (as it appears on insurance card or ID)		Relation to Patient	Insured's Phone Number	
Insured's Address		City	State	Zip
Insured's Social Security Number		Insured's Birthdate		
Insurance Company		Plan		
Plan Number		Group Number	Insured's Employer/School	

Responsible Party				
Billing Name (if other than patient)		Phone	Relation to Patient	
Address		City	State	Zip

Secondary Dental Insurance				
Insurance Company		Plan		
Plan Number	Group Number	Insured's Employer/School	Insured's Social Security Number	
Insured's Name (as it appears on insurance card or ID)		Relation to Patient	Insured's Phone Number	