Chapel Hill Dental Group
1721 E. Franklin St.
Chapel Hill, NC 27514

Credle A. Harris, DMD, PLLC
E. Leland Webb, DDS, MS

WELCOME

New Patient and Insurance Form
FILL IN ALL INFORMATION BELOW

Who may we thank for referring you to us?_____

Patient:

Dr. Mr. Mrs. Ms. Miss

Last Name First MI Preferred Name

Street Address City State Zip Code

Date of Birth Social Security Number Home Phone

Employer Employers Address Work Phone

If you are a college student, college name Email Address

Marital Status Spouse's name

Emergency Contact Name Relationship phone number

Responsible Party:

Dr. Mr. Mrs. Ms. Miss

Last Name First MI Preferred Name

Street Address City State Zip Code

Date of Birth Social Security Number Home Phone

Employer Employers Address Work Phone

Insurance Company Name and Policy Number Group Number Insurance Member ID

Insurance Address City State Zip Code Insurance phone number

I understand all charges are due at the time of service unless other payment arrangements have been approved by Chapel Hill Dental Group. I have read and understand the financial policy. I authorize Chapel Hill Dental Group to release my personal information to third parties solely for purposes of insurance filing.

Responsible Party Signature Date