Elite Dentistry of Rhode Island

1351 South County Trail, Building 2 #205
East Greenwich, RI 02818-5080
Phone: 401-885-6460
Fax: 401-885-3933

Date:

PATIENT INFORMATION

Name: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss

First Name: _____ Last Name: _____

Birth Date: _____

Gender: ☐ Male ☐ Female

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Not Specify

SSN: _____

Driver License: _____

Address: _____ Apt#: _____

City: _____ State: _____ ZIP*: _____

Home: _____

Mobile: _____ Carrier: _____

Email: _____

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Date:

INSURANCE INFORMATION

Primary Insurance

Subscriber Name:

First Name: _____

Last name: _____

Subscriber D.O.B: _____

Subscriber ID: _____

Medicaid#: _____

Subscriber Address:

_____

City: _____

State: _____

Zip: _____

Relation to Subscriber: ☐ Self ☐ Child ☐ Spouse ☐ Other

Employer: _____

Insurer: _____

Insurer Phone:

Group Plan: _____

Group#: _____

Secondary Insurance

Subscriber Name:

First Name: _____

Last name: _____

Subscriber D.O.B: _____

Subscriber ID: _____

Medicaid#: _____

Subscriber Address:

_____

City: _____

State: _____

Zip: _____

Relation to Subscriber: ☐ Self ☐ Child ☐ Spouse ☐ Other

Employer: _____

Insurer: _____

Insurer Phone:

Group Plan: _____

Group#: _____