

Bhavana Thakur D.D.S
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Patient information

Patient Name _____ Date of birth _____
 Male Female
 Single Married Divorced Widowed Partnered
Home Address _____ City _____ Zip _____
Home Phone _____ Cell Phone _____ Work Phone _____
Email Address _____
Social Security # _____ Driver's License _____
Nearest relative not living with you _____
Relationship _____ Relative's Phone # _____
Who may we thank for referring you? _____
Responsible Party (if patient is a minor) _____
Student? Full Time Part Time School _____ Location _____

Insurance Information

Name of the Insured _____ Date of birth _____
Billing Address _____ City _____ Zip _____
Home Phone _____ Cell Phone _____ Work Phone _____
Social Security # _____ Driver's License _____
Employer _____ Employment start date _____
Employer Address _____ City _____ State _____ Zip _____
Insurance Company _____ Group # _____ Local # _____
Insurance Co Address _____ City _____ State _____ Zip _____
Insurance Coverage (check all that apply) Self Spouse Children Others
Relationship if "Others" is checked above _____

Secondary Insurance (if none, leave section blank)

Name of the Insured _____ Date of birth _____
Billing Address _____ City _____ Zip _____
Home Phone _____ Cell Phone _____ Work Phone _____
Social Security # _____ Driver's License _____
Employer _____ Employment start date _____
Employer Address _____ City _____ State _____ Zip _____
Insurance Company _____ Group # _____ Local # _____
Insurance Co Address _____ City _____ State _____ Zip _____
Insurance Coverage (check all that apply) Self Spouse Children Others
Relationship if "Others" is checked above _____

Authorizations: I authorize the release of information necessary to process my dental benefit claims. I hereby authorize payment directly to the doctor otherwise payable to me YES / NO Initials _____
I hereby acknowledge that a copy of this practice's Notice of Privacy Practice has been made available to me. I have been given the opportunity to ask any questions I may have regarding this notice. _____ Initials _____

Signature _____ Date _____