D. Kent Moberly, D.M.D., P.S.
3300 W. McGraw St., Suite #240
Seattle, WA 98199

PATIENT INFORMATION

(Please Print)

Patient's Name Mr. / Ms. _____ Age _____ Birthdate _____ Today's date _____

Residence Address _____ Phone (_____) _____

City _____ State _____ Zip _____ Driv. Lic. # _____

Employer _____ Position _____ Soc. Sec. No. _____

Business Address _____ Zip _____ Phone (_____) _____

☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Child

Name of Spouse (Parent) _____Soc. Sec. No. _____

Employer _____ Position _____

Business Address _____ Zip _____ Phone (_____) _____

Party Responsible for Payment of Account _____

Dental Insurance Co. (Husband) _____ Policy No. _____

Dental Insurance Co. (Wife) _____ Policy No. _____

Previous Dentist _____ City _____ How Long _____

Referred By _____

Relative Whom We Can Contact in the Event of Emergency

Name _____ Phone (_____) _____
(Last) (First) (Middle)

Address _____
(Number/Street) (City) (State) (Zip)

Financial Agreement and Authorization For Treatment

I authorize treatment of the person named above and agree to pay all fees and charges for such treatment. I agree to pay all charges for me and members of my family shown by statements, promptly upon presentment thereof, unless credit card arrangements are agreed upon in writing. Charges shown by statements are agreed to be correct and reasonable unless protested in writing within thirty days of billing date. In the event legal action should become necessary to collect an unpaid balance due for medical services rendered to me or my family, I/we agree to pay reasonable attorney's fees or other such costs as the Court determines proper.

It is agreed that payments will not be delayed or withheld because of any insurance coverage or the pendency of claims thereon, and all proceeds of insurance are assigned to this office where applicable, but without their assuming responsibility for the collection thereof. (A copy of this agreement is as valid as the original.)

Agreement: The above information is for the purpose of obtaining credit and is warranted to be true. I authorize the creditor or his agent to make a credit investigation, including employment verification.

Signature _____ Date _____
Responsible Person