

DONALD C. AUSINK, D.D.S.
 2345 S W 320th • Federal Way, WA 98023
 Tax ID #91-1278057 • License #5540
 (253) 838-6200

PATIENT _____ DATE OF BIRTH _____ AGE _____ M F
LAST FIRST MIDDLE

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ CELL PHONE _____ SOCIAL SECURITY # _____

IF PATIENT IS DEPENDENT. LIST PARENT OR GUARDIAN _____ FULL TIME STUDENT YES NO

EMPLOYER _____ CITY _____ SCHOOL ATTENDING _____

OCCUPATION _____ WORK PHONE _____

WHOM MAY WE THANK FOR REFERRING YOU? _____

SPOUSE _____ DATE OF BIRTH _____ PLEASE LIST CHILDREN AND DATES OF BIRTH _____

INSURANCE INFORMATION

PRIMARY

SECONDARY

INS. Co. _____

INS. Co. _____

ADDRESS _____

ADDRESS _____

PHONE _____

PHONE _____

CITY _____ STATE _____ ZIP _____

CITY _____ STATE _____ ZIP _____

SUBSCRIBER'S NAME _____

SUBSCRIBER'S NAME _____

SUBSCRIBER'S SS # _____

SUBSCRIBER'S SS # _____

DATE OF BIRTH _____

DATE OF BIRTH _____

EMPLOYER _____

EMPLOYER _____

EMPLOYER PHONE # _____

EMPLOYER PHONE # _____

UNION/GROUP # _____

UNION/GROUP # _____

PATIENT RELATIONSHIP TO SUBSCRIBER:

PATIENT RELATIONSHIP TO SUBSCRIBER:

SELF SPOUSE DEPENDENT

SELF SPOUSE DEPENDENT

Check One: I will pay all charges in full at time of service to receive a 5% discount, and will handle my own insurance matters.

Please bill my insurance company directly and I will pay all estimated fees not covered by insurance on same day of service.*

*All blanks must be completed above, before we can bill insurance directly.