DANIEL N. MINCHIK, D.D.S.

148 EAST AVENUE – SUITE 2B NORWALK, CT 06851

PLEASE COMPLETE THE FOLLOWING CONFIDENTIAL INFORMATION

IF THIS APPOINTMENT IS FOR YOU, START HERE				DENTAL INSURANCE	
DATE				PRIMARY CARRIER	
NAME				INSURANCE COMPANY	
SPOUSE				GROUP#	
ADDRESS			EMPLOYEE		
CITY	STATE	ZIP		DATE OF BIRTH	
HOME PHONE #	PHONE #			EMPLOYEE SOCIAL SECURITY #	
CELL PHONE #		•		EMPLOYER	
BIRTHDATE	AGE	MALE	FEMALE	EMPLOYER ADDRESS	
E-MAIL ADDRESS		SINGLE	MARRIED	EMPLOYER PHONE #	
SOCIAL SECURITY#			SECONDARY CARRIER		
DRIVER'S LICENSE #					
DRIVER'S LICENSE &				INSURANCE COMPANY	
IF THIS APPOINTMENT IS FOR YOUR CHILD START HERE				GROUP #	
NAME				EMPLOYEE	
ADDRESS			DATE OF BIRTH		
CITY STATE ZIP				EMPLOYEE SOCIAL SECURITY #	
HOME PHONE #				EMPLOYER	
BIRTHDATE	AGE	MALE	FEMALE	EMPLOYER ADDRESS	
SOCIAL SECURITY#				EMPLOYER PHONE #	
		4 D D D C C C A D	ENOT		
IF YOUR CHILD'S LAST NAME AND/OR ADDRESS ARE NOT THE SAME AS YOURS, FILL IN THE TOP BOX ALSO				ACCOUNT INFORMATION	
				PERSON FINANCIALLY RESPONSIBLE FOR ACCOUNT	
GETTING TO KNOW YOU			NAME		
IS ANOTHER MEMBER OF YOUR FAMILY OR RELATIVE A PATIENT AT OUR OFFICE?				RELATIONSHIP TO PATIENT	
YES NO			ADDRESS		
REFERRED TO US BY			CITY STATE ZIP		
PERSON TO CONTACT FOR EMERGENCY				PHONE#	
PHONE #				YOU	
ADDRESS			OCCUPATION		
CITY	STATE	ZIF	,	EMPLOYER	
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