

**Bethel Grove Dental Group**  
**The Office of Dr. Natalie K. Fisher DDS**  
**Patient Welcome Information**

***Patient Information***

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
E-mail Address \_\_\_\_\_ E-mail Reminder  Text Reminder   
Patient/Guardian's Employer \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

***Insurance Information***

Name of Insured \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_  
Name of Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_  
Member ID # \_\_\_\_\_ Payer ID # \_\_\_\_\_  
Insurance Company Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

***Whom may we thank for referring you? (Please check all that apply)***

- Internet  Google  Website/Social Media  Insurance Co. Website  Family Member, if so who? \_\_\_\_\_  
 Friend, Co-worker, neighbor, if so who? \_\_\_\_\_  
 Our support of schools and community events  Other, please list \_\_\_\_\_

