



777 North 500 West, #201  
 Provo, Utah 84601  
 (801) 374-8244

MIKE MERKLEY DDS

**PATIENT INFORMATION**

Patient Full Name		Birth Date	Married	Gender
Address		City	State	Zip Code
Employer		Occupation	Social Security Number	Cell Phone
Business Address		Bus. Phone	By whom were you referred?	
Name of Spouse and/or children		e-mail		
Nearest relative not living with you/ Emergency contact person. Please give their Name, Phone and Address				

**BILLING INFORMATION**

Person responsible for Acct./Primary Insurance Holder's Name		Birth Date of Insured	Social Security #	
Address including Street, City, State and Zip		Home Phone #	Cell Phone #	Work Phone #
Dental Insurance Company	Group #	Insurance ID #	Name of Employer	Length of Employ

Spouse/Secondary Insurance Holder's Name		Birth Date of Insured	Social Security #	
Address including Street, City, State and Zip		Home Phone #	Cell Phone #	Work Phone #
Insurance Company	Group #	Insurance ID #	Name of Employer	Length of Employ

**ASSIGNMENT OF BENEFITS**

By filling out this paper I authorize my insurance benefits to be paid directly to Dr. Eric Vogel. I am responsible for services not covered. I authorize the release of any dental information or radiographs to process my claim including electronic claims submission

**I have read and agree to the terms of the listed documents:**  
**(Please sign & initial) \_\_\_\_\_ Date \_\_\_\_\_**

**Financial Agreement \_\_\_\_\_ Consent to Treat \_\_\_\_\_ HIPPA Consent \_\_\_\_\_**