

Dr. Jeff Nerio
315 39th Ave. S.W., Suite 1
Puyallup, WA 98373
(253) 845-5456

Patient Registration

Account Number

Patient Information

Cell Phone

First Name:	M.I.	Last Name:	Birthday: / /	SS#
Preferred Name:	Male :: Female ::	Single :: Married :: Divorced :: Widowed ::	Home Phone:	
Home Address:	Apt #:	City:	State:	Zip:
Patient's Employer:	Position:	Work Phone:		
Patient's Work Address:	Apt #:	City:	State:	Zip:
Emergency Contact:	Relationship:	Home #:	Work #:	

Spouse Information

First Name:	M.I.	Last Name:	Birthday: / /	SS#
Spouse's Employer:	Position:	Work Phone:		
Spouse's Work Address:	Apt #:	City:	State:	Zip:

Guardian Information

If patient is a minor, please complete this section: Parent :: Guardian ::

First Name:	M.I.	Last Name:	Birthday: / /	SS#
Guardian's Employer:	Position:	Work Phone:		
Guardian's Work Address:	Apt #:	City:	State:	Zip:

Secondary Guardian

First Name:	M.I.	Last Name:	Birthday: / /	SS#
Guardian's Employer:	Position:	Work Phone:		
Guardian's Work Address:	Apt #:	City:	State:	Zip:

Insurance Information

Do you have Dental Insurance? Yes :: No :: Do you have Secondary Dental Insurance? Yes :: No ::

Primary Insurance

Are you the subscriber?	Spouse? Dependent?	Insurance Company:	Group #:
Address:	City:	State:	Zip:
Phone #:	Effective Date:		

Secondary Insurance

Are you the subscriber?	Spouse? Dependent?	Insurance Company:	Group #:
Address:	City:	State:	Zip:
Phone #:	Effective Date:		

Who can we thank for referring you to our office? _____

Assignment of Insurance Benefits: I hereby authorize payment directly to Dr. Jeff Nerio. I understand that I assume the ultimate responsibility for payment of services. I will be liable for services in accordance to the fee schedule in use at the time services are rendered. There is a fee for all broken appointments without 48 hours notice. Our reminders are only a courtesy; patients must be responsible for all appointments made. I authorize Dr. Jeff Nerio to disclose personal healthcare information for purposes of payment.

Signature: _____ Date: _____