

Dr. C. Ray Moser DMD PC
Practice Limited to Endodontics
1245 Capitol St. #122-N • Ogden, Utah 84401
Telephone (801)394-4549 • Fax (801)394-0058

FINANCIAL INFORMATION

PATIENT NAME: (First Middle Initial /Last): _____ Date of Birth: _____
Marital Status: _____ Social Security No.: _____
Street Address/Unit No.: _____ Apt. No.: _____
City: _____ State: _____ Zip: _____ Home Phone: _____
Employer: _____ Work Phone: _____
Referring Dentist: _____ Patient Cell Phone: _____

PERSON RESPONSIBLE FOR ACCOUNT

Name: _____
Phone: _____ SSN of responsible party: _____
Street Address/Unit No.: _____
City/State/Zip Phone: _____
Employer: _____ Employer phone no.: _____
Spouse: _____ Spouse's employer: _____
Name of nearest relative not living with you:
Name: _____ Phone no.: _____
Street Address/Unit No.: _____
City/State/Zip Phone: _____

PREFERRED METHOD OF PAYMENT

Cash/Check

Credit Card

- Visa
- MC
- Discover
- American Express
- Care Credit

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Exp:

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CVV / security code:

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Signature: _____

NOTE: CO-PAYMENT DUE DAY OF SERVICE

PRIMARY DENTAL INSURANCE

PRIMARY INSURANCE COMPANY NAME: _____ GRP #: _____
Name of insured: _____ EMPLOYER: _____
Date of Birth: _____ SSN : _____
Address of insurance: _____

SECONDARY DENTAL INSURANCE

SECONDARY INSURANCE COMPANY NAME: _____ GRP #: _____
Name of insured: _____ EMPLOYER: _____
Date of Birth: _____ SSN : _____
Address of insurance: _____