

John K. Berk, DDS, Inc.
20652 Redwood Road
Castro Valley, CA 94546
(510)733-6282 FAX(510)733-6304
www.johnberkdds.com

Patient Name _____ SS# _____ Today's Date _____

Patient Information

If Student, name of school _____

DOB _____ Home Phone _____ Cell Phone _____

Address _____

City _____ State _____ ZIP _____

Patient/Parent Employer _____ Phone _____

Business Address _____

City _____ State _____ ZIP _____

Spouse/Parent Name _____

Employer _____ Phone _____

Emergency Contact Name _____ Phone _____

Responsible Party Information

Name of Responsible Person _____

Relationship to Patient _____ Phone _____

Address _____

City _____ State _____ ZIP _____

Driver's License _____ DOB _____ SS# _____

Employer _____ Phone _____

Address _____

City _____ State _____ ZIP _____

Insurance Information

Name of Insured _____ Relationship to Patient _____

DOB _____ SS# _____ Date Employed _____

Employer _____ Phone _____

Address _____

City _____ State _____ ZIP _____

Insurance Company _____ Group # _____ Union/Local _____

Address of Insurance Company _____ Phone _____

Will you assign benefits to this office? Yes No

Additional Insurance (Secondary)

Name of Insured _____ Relationship to Patient _____

DOB _____ SS# _____ Date Employed _____

Employer _____ Phone _____

Address _____

City _____ State _____ ZIP _____

Insurance Company _____ Group # _____ Union/Local _____

Address of Insurance Company _____ Phone _____

Will you assign benefits to this office? Yes No

I authorize Dr. Berk and/or his staff to share information on this form with my insurance company.

Signed _____ Date _____