



BOTHELL PEDIATRIC DENTISTRY

SPECIALISTS IN INFANTS, CHILDREN & ADOLESCENTS

18807 Beardslee Blvd Suite 103, Bothell, WA 98011 425.486.6300

FAMILY REGISTRATION

Billing Information: Responsible Party _____

Address _____

Street City State Zip

Parent/Guardian Name _____ M F Relationship to Child _____

Address (if different than above) _____

Street City State Zip

Phone# Hm Wk Cell _____ Email _____

Parent/Guardian Name _____ M F Relationship to Child _____

Address (if different than above) _____

Street City State Zip

Phone # Hm Wk Cell _____ Email _____

DENTAL INSURANCE INFORMATION

Primary Coverage

Subscriber Name _____ Birth Date _____ S.S./ID# _____

Name of Employer _____ Group # _____

Insurance Co. _____ Insurance Co. Phone _____

Insurance Co. Address _____

Secondary Coverage

Subscriber Name _____ Birth Date _____ S.S./ID# _____

Name of Employer _____ Group # _____

Insurance Co. _____ Insurance Co. Phone _____

Insurance Co. Address _____

If parents can't be reached, friend or relative to notify should an emergency arise:

Name _____ Relation _____ Phone _____

If new to this area, let us know if you would like a referral to a pediatrician for your child or a dentist for adult care.

I authorize routine dental diagnostic procedures for my child. If I accept the proposed treatment plan, I authorize Drs. Yea & McCoy to use any anesthetics or pre-medication considered medically necessary or advisable for the comfort and well-being of my child.

I understand that I am financially responsible to Yoo-Lee Yea DDS PLLC for any charges not payable by dental insurance.

Parent/Guardian Signature _____ Date _____