



KEYSTONE DENTAL CARE, INC
Confidential Application for Service

DATE: _____

In accordance with the State of Tennessee's policy of nondiscrimination, Keystone Dental Care, Inc. does not discriminate on the basis of race, color, religion, national origin, physical or mental disabilities, veteran status, or sexual orientation in it's policies, dental treatment, services or activities.

Name _____ SS# _____

Address _____ Phone _____

City _____ State _____ Zip Code _____ County _____

Work Phone OR phone where message can be left: _____

Date of Birth: _____ Sex: Male Female

Race: White Black Hispanic Other Age: _____

Emergency contact person _____ Phone _____

Are you currently homeless? Yes No

Are you an active **Families First** participant? Yes No

Do you have:

TennCare? Yes No

Medicare? Yes No

Veteran's Benefits? Yes No

Do you have insurance that covers a dental visit? Yes No

Do you have a private physician? Yes No

If yes, who? _____ Phone Number _____

Do you have a private dentist? Yes No If yes, who? _____

Are you a patient at Johnson City Downtown Clinic? Yes No

Are you a patient of the JCMC Senior Partners Clinic? Yes No

To the best of my knowledge, all of the above information is truthful and complete:

Signature _____ Date _____