Kenneth A. Ingber, D.M.D, P.C.
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Phone: (202) 331-7474

Which Dentist are you here to see? (Circle One)
Dr. Ingber Dr. Porvaznik Dr. Singh

Please tell us who referred you to our office :_____

E-Mail address:_____

Emergency Contact Name:_____**Phone Number:** _____

Relationship:_____

Primary Insurance Information

Patient's Name_____

Policy Holder's Name (If different fromabove) _____

Relationship_____**Date of Birth** (If other than patient)_____

Address (If different than patient's) _____

City_____**State**_____**Zip** _____

Policy Holder's Employer _____

Insurance Company _____

ID/Subscriber Number_____**Group Number** _____

Insurance Company Address:_____

City_____**State**_____**Zip** _____

Insurance Phone Number _____

Secondary Insurance Information

Do you have a Secondary InsurancePolicy? _____

Insurance Company _____

ID/Subscriber Number_____**Group Number** _____

Insurance Company Address: _____

City_____**State**_____**Zip** _____