

Insurance Information

(Be sure all information is listed)Insurance - Include Private, Group, and Spouse

Insurance

Policy holder

First Name Last Name

Relationship to patient

Insurance company name

Dental claims address

Secondary Insurance

Skip if not applicable

Name of insured

First Name Last Name

Relationship to patient

Insurance company name

Insurance company address

Will this claim be covered under Worker's Compensation?

Yes

No

Date of injury



Month Day Year

If yes name of company

Address of company

Company Phone Number

Please enter a valid phone number.

Treatment authorized by whom at company? (name/position)

Financial responsibility

Payment is expected as soon as service is rendered, unless prior arrangements have been made.

Patients with dental insurance understand that they are responsible for their account. Any problems concerning their insurance shall be worked out between the patient and the insurance company. Insurance forms will be filed as a courtesy to the patient at no extra charge.

In the event that collection procedures become necessary to satisfy an account, the patient agrees to be responsible for all cost incurred, including attorney fees.

Preferred method of payment (A service charge of 1 1/2% per month or 18% per annum will be charged on all accounts over 30 days old.)

Cash

Check

Authorization and Release

I certify that I have read and understand the information above and answered the questions accurately. I authorize the dentist to release any information including the diagnosis and the records of any treatment or examination rendered to me or my child during the period of such Dental care to third party payers and/or health practitioners. I authorize and request my insurance company to pay directly to the dentist insurance benefits otherwise payable to me. I understand that my dental insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on my behalf or my dependents.