

Whom may we thank for referring you to our office _____

FINANCIAL INFORMATION

Financial Responsibility:

Last Name _____ First Name _____ MI _____

Date of birth _____ SS# _____ Male Female

Married Single Other Child

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Employer _____ Address _____

May we contact you by email? Yes No Email _____

May we contact you by text? Yes No Cell _____

Spouse's Name _____ Date of Birth _____ Cell _____

Dental Insurance: We do not file Medicare Insurance.

Insurance Company _____ Phone _____

Insurance Address _____ City _____ State _____ Zip _____

Subscriber (employee name) _____ ID _____

Subscriber Employer _____ Group # _____

Subscriber SS# _____ Date of birth _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Complete only if you have Secondary Dental Insurance: We do not file Medicare Insurance.

Insurance Company _____ Phone _____

Insurance Address _____ City _____ State _____ Zip _____

Subscriber (employee name) _____ ID _____

Subscriber Employer _____ Group # _____

Subscriber SS# _____ Date of birth _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Assignment and Release:

I certify that I, and or my dependents, have dental insurance with the information I have provided. This information may have been provided by phone. I assign directly to Dr. Smith all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges regardless of any insurance benefits. I authorize the use of this signature on all insurance submissions. The above-named dentist and his associates may use my health care information and may disclose such information to the provided insurance company (ies) and their agents for the purpose of obtaining payment for services and determining insurance benefits or the benefits payable for related services.

Signature Patient/Responsible Party _____ Date _____