



Name of Insured Person: _____ Date of Birth: _____

Social Security Number: _____

Are you the primary subscriber? _____

If you are not, what is the name of the primary subscriber: _____

Name of Employer: _____ Employer Phone #: _____

Name of Insurance Carrier: _____ Insurance Phone #: _____

Address of Insurance Carrier: _____

Group Plan #: _____ Enrollee/Subscriber ID #: _____

Do you have dual insurance coverage: YES NO (If yes, please complete below, if no leave blank)

Name of Employer: _____ Employer Phone #: _____

Name of Insurance Carrier: _____ Insurance Phone #: _____

Address of Insurance Carrier: _____

Group Plan #: _____ Enrollee/Subscriber ID #: _____

LATE CANCELLATION FEE

If you miss your appointment or cancel with less than 48 hours notice **we charge a \$50 fee**, with reasonable exceptions. We like to fully utilize our limited time slots to serve the many patients who are waiting to come in.

PATIENT IS RESPONSIBLE FOR THEIR BILL

On the day of service, we will estimate and collect the amount that the insurance will not cover. That same day we will also file your insurance claim so your insurance company will receive the claim within days of the treatment. They are required to pay their portion within 30 days. You are responsible for any balance on your account after 30 days, whether insurance has paid or not. We will be glad to send you a refund if your insurance pays us. Please understand that we file dental insurance claims as a courtesy to our patients, how and when the insurance company pays is not in our control. Many patients think that their insurance will pay 90%-100% of all dental fees. In fact, most plans only pay between 50%-80% of the average total fee. The less expensive insurance policies will reimburse at a lower rate.

- **I understand that my insurance is billed as a courtesy and we can only ESTIMATE how much they will pay for any particular service.**
- **I understand that I am responsible for paying any remaining balance after insurance pays their portion.**
- **I understand that a \$50 fee may be charged if I no-show or cancel less than 48 hours before my appointment.**

Patient Signature

Date