

Welcome!

ACCOUNT INFORMATION

We need the following information about the person financially responsible for this account. If you have dental insurance, your account should be listed under the name of the family member listed on the insurance policy as the primary insured member.

ACCOUNT NAME: _____ Date: _____
(Last) (First) (Middle)

Mailing Address: _____ Home Phone #: _____
(Street or box)

Cell/Mobile #: _____

_____ Work/Other Phone #: _____
(City) (State) (Zip)

Account Social Security Number: _____ Single Married Divorced Widowed Separated

Head of account's birth date: _____

Employer: _____ Employer's Phone #: _____

(Employer's street or box)

(Employer's city)

(State)

(Zip)

Please note the following. . .

1. Medical records & X-rays: All records we create, including x-rays, used in the diagnosis and treatment of our patients are the property of this office. The fees you pay are for our time spent in your treatment, and for the expertise used in diagnosing and treating dental conditions. Payments you make are for complete dental services, not specific products. We are happy to transfer copies of our records to other health professionals as needed, but original records must remain with us.
2. Filing of insurance claims: We are very happy to handle the filing of dental insurance claim forms for our insured patients. Please be aware, though, that the insurance is yours, not ours. If your insurance company does not pay your dental bills, you will be expected to pay them yourself. If your insurance company delays or refuses payment of your claim, we will ask you to please pay your bill in full then deal with your insurance company yourself. We will be happy to furnish you with all the information needed to refile your claim.

OVER, PLEASE, IF YOUR ACCOUNT IS COVERED BY DENTAL INSURANCE

Dental Insurance Information

We are very happy to help you maximize your insurance benefits!

Name of your group dental plan? (Examples: Teamsters, Waterloo Hourly Wage Employees, Wal*Mart Associates)

Plan: _____ Group #: _____

Insurance company that administers your plan (Examples: Prudential, Aetna, Travelers, Blue Cross, Met Life)

Company: _____

All dental insurance claim forms require the signature of a “responsible party” (the insured person or spouse) before the claim can be accepted. In order to save you the trouble of a trip to the dental office to sign your claim forms every time we get one ready to send in, most insurance companies accept a one-time signature on file in our office as a “blanket” authorization to process your claims without your actual signature being placed on each individual claim form. Reproduced below are all the various “releases” which insurance forms require to be signed when insured people wish to utilize their insurance benefits. Your signatures below will save us all a lot of time in processing your claims.

I have reviewed the following treatment plan. I hereby authorize the release of any information relating to all claims for benefits submitted on behalf of myself and/or dependents. I further expressly agree and acknowledge that my signature on this document authorizes my dentist to submit claims for benefits, for services rendered or for services to be rendered without obtaining my signature on each and every claim to be submitted for myself and/or dependents and that I will be bound by this signature as though the undersigned had personally signed the particular claim. I understand that I am responsible for all costs of dental treatment of myself and my dependents.

Signed (Patient, or parent if minor)

Date

After we are supplied with all the information about your insurance coverage, we will estimate approximately how much of your treatment will be covered by your insurance plan. When services are rendered, we will expect you to pay, at that time, only the portion of the fees not estimated to be covered by insurance *if* you authorize your insurance company to pay to us its part **directly**. In other words, payments from the insurance company will come directly to us to be credited toward your balance due. After insurance payment is received by us, we will bill you if any balance remains unpaid. If insurance pays more than the estimated amount, we will promptly refund directly to you any amount of overpayment you have made.

If you want all insurance checks to go directly to you, you must pay your account balance in full yourself, as treatment is rendered. We will promptly file your claim forms, or help you file them, so that insurance benefits will go directly to you. If you chose this option, you need not sign the statement below.

I hereby authorize payment directly to Dr. Patrick W. Carroll of any dental insurance benefits otherwise payable to me.

Signed (Patient, or parent if minor)

Date