

FINANCIAL RESPONSIBILITY STATEMENT

Date _____

Name _____

Are you currently covered by a dental insurance policy? YES _____ NO _____

Policy holder's name _____ Social Security # _____ - _____ - _____

Address _____ City _____ State _____ Zip _____

Birth Date _____ - _____ - _____ Male _____ Female _____

Home Phone # _____ Work Phone # _____ Cell Phone# _____

Employer _____ Position _____ Department _____

Employer Address _____ City _____ State _____ Zip _____

Name of your insurance company _____

Address of Ins Co _____ City _____ State _____ Zip _____

Group # _____ Policy # _____ Phone # _____

Insurance coverage: Single _____ Family _____ Is this a Cobra policy? Yes _____ No _____

Are you covered under an additional or second dental insurance policy? Yes _____ No _____

Policy holder's name _____ Social Security # _____ - _____ - _____

Birth Date _____ - _____ - _____ Male _____ Female _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Work Phone # _____ Ext _____

Employer _____ Position _____ Department _____

Employer Address _____ City _____ State _____ Zip _____

Name of insurance company _____

Address of ins co _____ City _____ State _____ Zip _____

Group # _____ Policy# _____ Phone # _____

Insurance coverage: Single _____ Family _____ Is this a cobra policy? Yes _____ No _____

I certify that I am covered by _____ Insurance Company and I assign directly to Dr. George R. Schneeberger all insurance benefits otherwise payable to me. I understand that I am responsible for payment of services rendered and also responsible for paying any co-payment and deductible that my insurance doesn't cover. Co-payments will be estimated and are due at time of service. I hereby authorize the dentist to release all my information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions, whether manual or electronic.

Signature _____ Date _____

CASH PATIENTS

I understand that full payment is due at time of service. I understand that I may pay by cash, checks, Visa, Mastercard and Discover.

Signature _____ Date _____