

**Patient Information:**

**Patient Name** \_\_\_\_\_

*Please present insurance card with form:*

**NO INSURANCE**

**Primary Dental Insurance:**

**Secondary Insurance:**

Employee \_\_\_\_\_

Employee \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dental Ins Co. \_\_\_\_\_ PO BOX \_\_\_\_\_

Dental Ins Co \_\_\_\_\_ PO BOX \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Group# \_\_\_\_\_

Group# \_\_\_\_\_

Employee (Circle) SS#/ ID# \_\_\_\_\_

Employee (Circle) SS#/ID# \_\_\_\_\_

Employee DOB \_\_\_\_\_

Employee DOB \_\_\_\_\_

**RELEASE:**

I authorize Dr. Lawrence S. Singer to perform diagnostic procedures and treatment as may be necessary for proper dental care.

I authorize release of any information concerning my(or my child's) dental health care, advice and treatment provided for the purpose of evaluating and administering claims(electronic or written) for insurance benefits.

I authorize release of any information concerning my ( or my child's)health care, advice and treatment to another dentist or physician.

I hereby authorize payment of insurance benefits directly to Dr. Lawrence S. Singer, otherwise payable to me. I understand that my dental insurance carrier or payer of my dental benefits may pay less than the actual bill of services. Therefore, I understand I am financially responsible for payments in full of all accounts. If my account becomes delinquent, I will accept full responsibility for all fees incurred by a bank or collection agency.

By signing this statement, I revoke all previous agreements to the contrary and agree to be responsible for payment of services not paid, in whole or in part by my dental care payer.

I attest to the accuracy of the information on this page.

Patient's or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Whom may we thank for your referral \_\_\_\_\_