



**Kennedy, Hayes & Katz, LLC**  
4029 Pennsylvania Ave Dubuque, IA 52002  
Phone 563-513-9109 Fax 800-783-1693 placement@1KHK.com

## Dental Placement Form

Use this form for patients of Dental Centers, Dental Offices, Dentists and Billing Services

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### CLIENT INFORMATION:

\_\_\_\_\_ Dentist and/or Company Name

\_\_\_\_\_ Office Contact Person

\_\_\_\_\_ Main Office Phone Number

**PATIENT INFORMATION:** Was the patient a minor, under the age 18 at the time of service? \_\_\_ NO \_\_\_ YES

\_\_\_\_\_ Patient First Name

\_\_\_\_\_ Patient Middle Name

\_\_\_\_\_ Patient Last Name

\_\_\_\_\_ Responsible Party ( If different from patient. )

\_\_\_\_\_ Relationship to Patient

\_\_\_\_\_ Home Address ( Avoid P.O. Boxes )

\_\_\_\_\_ Apartment Number

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip Code

\_\_\_\_\_ Cell Number

\_\_\_\_\_ Home Number

\_\_\_\_\_ Other Contact Number

\_\_\_\_\_ Employer Name

\_\_\_\_\_ Work Number

\_\_\_\_\_ Position Held

\_\_\_\_\_ Spouse Name

\_\_\_\_\_ Spouse Cell Number

\_\_\_\_\_ Spouse Work Number

\_\_\_\_\_ E-Mail Address

\_\_\_\_\_ Patient Date of Birth

\_\_\_\_\_ Patient Social Security Number

\_\_\_\_\_ Relative or Emergency Contact Name

\_\_\_\_\_ Relative or Emergency Contact Phone Numbers

\$ \_\_\_\_\_

\_\_\_\_\_ Balance Owed

\_\_\_\_\_ Account Number

\_\_\_\_\_ Last Date of Service

\_\_\_\_\_ Last Payment Date

### Additional Information

By Submitting this form, I agree to the terms. I have read and agree to the terms and conditions listed in the Mutual Services Agreement for my company. I verify that I am over 18 years old, and that I am authorized by my company to agree to these terms. I understand that there are no collection fees until the account is collected. The fee will be 30% of what was collected.

**FAX FORMS TO:**  
800-783-1693

**E-MAIL FORMS TO:**  
placement@1KHK.com

**MAIL FORMS TO:**  
KHK Placements  
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