

INSURANCE INFORMATION

Patient Name: _____ Guardian Name: _____

PRIMARY INSURANCE:

- Check here if patient has same insurance as Guardian

Policy Holder's Name: _____ Birthdate: _____ Group #: _____

Employer of Policy Holder: _____ Insurance Carrier: _____

Insurance Carrier Address: _____

Insurance Carrier Phone #: _____

ID/SS#: _____

SECONDARY INSURANCE

Policy Holder's Name: _____ Birthdate: _____ Group #: _____

Employer of Policy Holder: _____ Insurance Carrier: _____

Insurance Carrier Address: _____

Insurance Carrier Phone #: _____

ID/SS#: _____

- I affirm that my insurance has not changed and is _____ (insurance carrier name) and _____ (Employer name).
- I have presented my insurance card and it is _____ (insurance carrier name) and _____ (Employer name).
- I have no form of insurance.

FINANCIAL POLICIES & PATIENT RESPONSIBILITIES

An important part of our mission is making the cost of optimal care manageable by providing several payment options. Please read through the policies and let us know if you have any questions.

- Middleton Family Dentistry requires payment at the beginning of treatment.
- Care Credit is subject to credit approval. No discounts are offered for payment with Care Credit.
- For patients with dental insurance, we are happy to work with your carrier to maximize your benefits. However, all co-pays or estimated patient portions are due at the time of service. If we receive more than is estimated from insurance, we will issue a refund to you. In the event that your insurance pays less than what was estimated, the new balance due will be your responsibility.
- It is the patient's/guardian's responsibility to know their dental insurance benefits and to notify and provide current insurance information to our front office staff before services are rendered.
- Any overdue balance not paid within 30 days will be subject to a finance charge of 1.5% monthly (18% annually). Any account with a patient balance over 90 days may be turned over to a collection agency for collection, and any fees charged by the agency and/or attorney will be the patient's responsibility.
- Middleton Family Dentistry will charge a \$40.00 return check fee.
- If insurance is no longer active or has changed, I accept personal financial responsibility for any procedures performed.

By signing below, I have read and understand the information presented, and all my questions have been answered.

Signature: _____ Date: _____