



FINANCIAL INFORMATION: ADULT

AVANI GANDHI, DDS • JIN KIM, DDS, MS

INSURANCE INFORMATION

Patient Name: _____

Primary Insurance Company Name: _____

Insurance company phone: _____ Insurance Company Address: _____

ID number: _____ Group/policy number: _____

Name of insured: _____ Insured's birth date: _____ Insured SSN: _____

Secondary Insurance Company Name: _____

Insurance company phone: _____ Insurance Company Address: _____

ID number: _____ Group/policy number: _____

Name of insured: _____ Insured's birth date: _____ Insured SSN: _____

AUTHORIZATION

I understand the information I have given today is correct to the best of my knowledge.

I hereby authorize the above named dentists to release any information including the diagnosis and records of treatment or examination to third-party insurance carriers, payors, and/or healthcare practitioners to process my dental benefit claims and secure the payment of benefits. I understand that failure to keep my account current may result in the dentist unable to provide additional dental services except for dental emergencies or where there is a prepayment for additional services.

I authorize and request my insurance indicated on this form to pay for all services rendered directly to the above named dentist (at Pine Smiles Orthodontics and Pediatric Dentistry) otherwise payable to me but not to exceed the charges shown on the claim. I authorize this signature on all insurance submissions.

As a courtesy to our patients, we will file your insurance claim with the insurance company listed above for the treatment you receive. However, in the event the insurance company, for any reason, does not pay, I understand that I am financially responsible for any outstanding balance for services provided that are not fully covered by insurance, and I may be billed for this remaining balance. I consent and agree to be financially responsible for payment of all services rendered. Payments are due and payable on the day the services are rendered.

Signature of Responsible Party: _____ Date: _____