

# SPRINGFIELD PERIODONTICS AND DENTAL IMPLANTS

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## DENTAL INSURANCE INFORMATION

In order to better serve our patients, please complete the following insurance information. This information is needed in order to accurately communicate services with your insurance company. We are happy to provide this information to your insurance company on your behalf

### INSURANCE INFORMATION

Patient Name: \_\_\_\_\_ Patient Date of Birth: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Policy/ID# \_\_\_\_\_ Union/Local# \_\_\_\_\_

Address of Employer: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group # \_\_\_\_\_ Phone # \_\_\_\_\_

Ins. Co. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How much is your deductible? \_\_\_\_\_ Have you met the deductible this year? \_\_\_\_\_ Max. Annual Benefit \_\_\_\_\_

Are you covered by a secondary insurance plan? Yes  No  If yes, complete the

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Insurance Company: \_\_\_\_\_ Group # \_\_\_\_\_ Union or Local # \_\_\_\_\_

Ins. Co. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How much is your deductible? \_\_\_\_\_ Have you met the deductible this year? \_\_\_\_\_ Max. Annual Benefit \_\_\_\_\_

### AUTHORIZATION AND RELEASE

I authorize the release of any information regarding my diagnosis and treatment to third party insurance carriers, third party payers and/or other health care practitioners. I also authorize the use of this signature on all insurance submissions.

I understand that my dental insurance carrier may pay less than the actual cost of services. I agree to be responsible for payment for all service rendered on my behalf or on behalf of my dependents. I realize that failure to keep this account current may result in my inability to receive further care in this practice. In the case of default on payment on this account, I agree to pay collection costs incurred in attempting to collect on any outstanding balances.

### PATIENT SIGNATURE

\_\_\_\_\_ Date \_\_\_\_\_