

INSURANCE INFORMATION

Primary Dental Insurance	Phone	Phone	
Person who carries insurance		_Date of Birth	
Social Security or ID #	Employer		
Secondary Dental Insurance	Phone		
Person who carries insurance		Date of Birth	
Social Security or ID #	Employer		
As a courtesy to you, our office is happy to process insurance claims on your behalf. We perform routine insurance billing procedures upon verification of coverage. We will make every effort to help maximize your insurance reimbursement for covered procedures. It is important to understand, though, that the contract regarding your dental benefits is between you and your insurance company and we are not a party to that contract. Our office is not responsible for how your insurance handles your claims or for what benefits they pay. We do not guarantee that your insurance company will pay for treatment you receive from our practice.			
I hereby authorize and direct payment of the dental benefits, otherwise payable to me, directly to Edward Donaldson, Jr. DDS and Jill Donaldson DDS.			
I agree to be responsible for all charges for dental services not paid by my dental benefit plan. I further hereby authorize that my child's health care information may be disclosed to my insurance company and their agents for the purpose of obtaining payment for services and determining insurance benefits payable for related services. This consent to remain in effect until cancelled in writing.			
I have read and understand the above terms	and conditions.		
Signature of Parent/ Guardian	Relationship	 Date	