

PLEASE COMPLETE THIS FORM AND
BRING IT TO YOUR APPOINTMENT.
ALSO, IF YOU HAVE INSURANCE
PLEASE BRING A COMPLETED
INSURANCE FORM. THANK YOU.

Dr. David D. Mentz

Welcome To Our Office

Orthodontist

Patient Information

Name _____			
Patient Address _____	City _____	State _____	Zip _____
Home Phone _____	Date of Birth _____	Age _____	
Sex _____	M _____	F _____	

Billing Information

Name _____		
Address: _____		
Phone: (work or cell if different than above) _____		
Birth date: _____	S.S.# _____	
Employer: _____	Occupation: _____	Number of years employed: _____
Marital Status: _____		

Please indicate who will be in charge of billing: _____

Dental Insurance Information

Insured's Name _____	Insured's I.D. # _____
Insurance Company _____	Group # _____ Phone # _____
Insurance Company Address _____	
Do you have dual coverage _____ Yes _____ No If yes:	
Insured's Name _____	Insured's I.D. # _____
Insurance Company _____	Group # _____ Phone # _____
Insurance Company Address _____	
Insured's Employer _____	

Please remember that insurance is considered a method of reimbursing the patient for fees paid to the doctor and is not a substitute for payment. Some companies pay fixed allowances for certain procedures and others pay a percentage of the charge. It is your responsibility to pay any deductible amount, co-insurance or any other balance not paid for by your insurance company. You will be responsible for all collection costs, attorney fees, and court costs.

I understand that where appropriate, credit bureau reports may be obtained.

Signature (Parent's signature if minor) _____ Date _____