

Kenneth D. Kligman D.D.S. - Chris Rautenstrauch D.M.D.

As a courtesy to our patients, we will complete and file insurance forms relative to dental services. Assignment of benefits will be accepted, but payment for any deductible and/or percentages your insurance carrier does not cover for a specific procedure is required on the day of service.

Guarantor Information

Person Responsible For Account: _____
Relationship to Patient: _____ Home Phone: _____
Address: _____
(If different from patient) Street City State Zip

Primary Dental Insurance

Responsible Party Employed By: _____
Insurance Company: _____ Phone: _____
Insurance Company Address: _____
Subscriber I.D. # _____ Group# _____

Additional Insurance

Insured Name: _____
Relationship to Patient: _____ Home Phone: _____
Address: _____
(If different from patient) Street City State Zip
Insured Employed By: _____
Insurance Company: _____ Phone: _____
Insurance Company Address: _____
Subscriber I.D. # _____ Group # _____

Please be aware that dental insurance policies and benefits paid are an arrangement between you and your carrier, and you are responsible for any and all charges your insurance carrier does not cover. If after six weeks your insurance company has not paid benefits the balance becomes your responsibility.

If there is no insurance coverage available for your treatment, we ask that professional services be paid for at the time of treatment.

I certify that I have read and understand the above information.

DATE: _____ SIGNATURE: _____