KALAMAZOO PERIODONTICS
COMAR & LEJA

PATIENT INFORMATION

Name_____
Last First MI (Preferred)

Birthdate_____ Social Security #_____ Gender: [ ] M [ ] F Married: [ ] Y [ ] N

Adress_____

City_____ State_____ Zip_____

Home Phone_____ Work Phone_____ Wireless Phone_____

Email_____

Preferred contact method [ ] HmPhone [ ] WkPhone [ ] WirelessPh [ ] Email

Student status if dependent over 19 (for ins) [ ] Nonstudent [ ] Full-time [ ] Part-time

How did you hear about us? _____

PARTY FINANCIALLY RESPONSIBLE FOR THIS ACCOUNT (IF DIFFERENT THAN PATIENT)

Name_____
Last First MI (Preferred)

Birthdate_____ Social Security #_____ Relationship to Patient_____

Home Phone_____ Work Phone_____ Wireless Phone_____

Email_____

Adress_____

City_____ State_____ Zip_____

INSURANCE POLICY

Your relationship to subscriber: [ ] Self [ ] Spouse [ ] Child Subscriber Name_____

Subscriber ID # _____Subscriber SSN#_____Subscriber Birthdate_____

Insurance Company _____Phone_____

Employer_____Group Name_____Group #_____

Please present insurance card to front office staff.

INSURANCE POLICY 2

Your relationship to subscriber: [ ] Self [ ] Spouse [ ] Child Subscriber Name_____

Subscriber ID # _____Subscriber SSN#_____Subscriber Birthdate_____

Insurance Company _____Phone_____

Employer_____Group Name_____Group #_____

FINANCIAL POLICY

As a courtesy to our patients we submit claims to the insurance carrier. If the insurance carrier does not respond, we will resubmit one time and turn the balance over to you.

We send monthly statements, which are due upon receipt. If the payment causes financial burden, we will assist you with monthly payment arrangements up to a maximum of two (2) months. When on a payment plan, a missed payment (without explanation) may result in an account going to a collection agency or small claims court.

When we do not participate with an insurance carrier, we will submit the claim to the insurance carrier for the patient. The insurance check may go directly to the patient and therefore the balance will be due at the time of treatment. All patient co-pays and deductibles are due prior to any treatment. All fees assessed are estimates, additional payments may be required. Before any treatment is performed, we will discuss the estimated financial fees with you and work out an arrangement for payments.

If the patient has dual insurance coverage and the primary insurance check gets sent to the patient, we will require a copy of the primary insurance explanation of benefits to submit a secondary claim to the secondary insurance carrier. Failure to provide a primary explanation of benefits will result in the patient being responsible for full fees.

_____
Responsible Party Signature Date