

Responsible Party Information

Name: _____
 Male Female Married Single
Social Security #: _____ Birth Date: _____
Phone (H): _____ (W): _____ (C): _____
E-Mail _____
Address: _____
Street Apt#
City State Zip

Responsible Party Employment Information

The following is for: The Patient The Person Responsible For Payment
Employer Name: _____ Occupation: _____
Address: _____
Street Apt#
City State Zip

Insurance Information

Name of Insured: _____
Last First Middle Initial
Insured's DOB: _____ ID#: _____ Group#: _____
Insured's Address: _____
Street Apt#
City State Zip
Patient's Relationship to Insured: Self Spouse Child Other _____
If Student, Name of School: _____ Full time Part time
Insurance Plan Name and Address: _____

Facts about Dental Insurance: We ask that you realize that we don't work for a dental insurance company. Rather, we work 100% for our patients. We feel that dental insurance can be a great benefit for many patients and want you to know we will do everything in our power to insure you get every benefit allotted in your insurance contract. ***The treatment we recommend and the fees we charge will always be based on the patient's individual needs, NOT your insurance coverage.***

Your insurance is based on a contract between the employer and the insurance company. We are not part of the contract; and, therefore, not responsible for the terms and /or benefits of your insurance company. Honoring and processing insurance benefits is done as a courtesy to the patient. Dental insurance benefits differ greatly from traditional health insurance. Dental insurance is never a "**PAY ALL**" solution, but merely an aid. Many plans tell their patients services will be covered at "100%, 80%, or 50%", but do not clearly specify plan fee allowances, annual maximums and limitations. It is more realistic to expect some out of pocket expense to be incurred with most visits to our office. Please ask for insurance specifics from our insurance coordinator should you have specific treatment recommendations made by Dr Murfree. Many routine dental services and x-rays are not covered by insurance companies. This does not mean the treatment is not necessary or appropriate; just simply not covered. In some cases, your benefits have specific limitations based on the number or frequency of services your plan will cover. Dr Murfree may ask for x-rays or diagnostic aids more frequently than your annual benefits allow. *We do not provide average dentistry, and we will not recommend treatment or care regulated by your insurance contractual limitations.*

____ I authorize release of information to all my insurance carriers.
____ I understand that I am responsible for any part of my bill not covered by my insurance.
____ I authorize payment directly to the doctor.
____ I authorize my doctor to act as my agent in helping me obtain payment from my insurance.

Signature of patient, parent, or guardian Date Relationship to patient