Steinmetz Pediatric Dentistry
Dental Insurance

Primary Dental Insurance Information

Policy Owner's Name_____

Employer_____ Date of Birth_____

Ins Co Name_____ Ins.Co. Phone Number_____

Ins ID _____SS # _____ Group Number _____

Secondary Dental Insurance Information

Policy Owner's Name_____

Employer_____ Date of Birth_____

Ins Co Name_____Ins Co. Phone Number_____

Ins ID _____SS # _____ Group Number _____

Please note: Our office has chosen a select few dental insurance companies to participant in their program. We want the highest quality dental care that our patients deserve. As a courtesy, we will file your insurance. I hereby authorize assignment of my dental insurance rights and benefits directly to the provider for services rendered. I fully understand I am solely responsible for any balance not paid by my insurance company. In the event of non-covered service it will be the patient responsibility to take care of the difference at the time of service
Forms of payment accepted are: cash, check, or charge card. Any returned checks will be assessed a $30.00 fee. Accounts over 60 days will be assessed a collection fee.

Appointment and Cancellation Policy
In the event that you feel you must accompany your child or children to the clinic area, please reserve an appointment time before 2:00pm. We encourage parents to remain in the waiting room while their children receiving treatment after 2pm and for all operative procedures. We require a 24 hour notice to cancel appointments and to avoid a broken appointment fee.

HIPPA
Dr. Steinmetz respects the privacy to protected health information and understands the importance of keeping this information confidential and secure. Dr. Steinmetz complies with all guidelines stated in the HIPPA act. A copy of these guidelines are available upon request.

In the case of **divorce or separation,** if the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

I have read the above information and agree to the terms.

Signature (Parent/Guardian)_____Date_____

Relationship_____