IMPLANTS PRO CENTER©

ROBOT-ASSISTED SURGERY WITH A HUMAN TOUCH

WELCOME

To help us process your insurance correctly, please fill out this form completely and notify us of any change.
We will be happy to help if assistance is required.

Patient Information

First Name: _____ Last Name: _____ Middle Initial ____ Mr./Mrs./Ms./Dr.
Preferred Name: _____ Gender: Male / Female / Other Date of Birth: ____/____/____
Marital Status: Single / Married / Divorced / Separated
Cell #: _____ Home #: _____ Work #: _____ Email: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Minor: Yes / No Name of School: _____ Full-time Student: Yes / No

Responsible Party Information

First Name: _____ Last Name: _____ Date of Birth: ____/____/____
Social Security #: _____ Relationship to Patient: _____
Cell #: _____ Home #: _____ Work #: _____ Email: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Name of Employer: _____ Occupation: _____
Dental Insurance Company: _____ Dental Insurance Ph #: _____ Health Insurance Company: _____ Health Insurance Ph #: _____

Additional Insurance Information

First Name: _____ Last Name: _____ Date of Birth: ____/____/____
Social Security #: _____ Relationship to Patient: _____
Cell #: _____ Home #: _____ Work #: _____ Email: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Name of Employer: _____ Occupation: _____
Dental Insurance Company: _____ Dental Insurance Ph #: _____ Health Insurance Company: _____ Health Insurance Ph #: _____

Who Can We Thank?

Referred by Friend: _____ Other (Please Specify): _____

Agreement To Pay

I understand that I am responsible for payment of services rendered and for paying any co-payment and deductible that my insurance does not cover. I hereby authorize payment directly to Implants Pro Center. I understand that I am responsible for all costs of dental treatment. I hereby authorize the release of any information, including the diagnosis and records of treatment or examination rendered, to my insurance company.

Patient Signature: _____ **Date:** ____/____/____

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