

PLEASE COMPLETE ENTIRE INFORMATION SHEET

PATIENT'S NAME _____

CIRCLE ONE: MR. MRS. DR. OTHER _____

IF CHILD PARENT'S NAME _____

MALE FEMALE SINGLE MARRIED SEPARATED DIVORCED WIDOWED

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER: HOME _____ WORK _____ CELL _____

PHYSICIAN _____ PHONE NUMBER _____

PHARMACY _____ PHONE NUMBER _____

EMPLOYED BY _____

SPOUSE'S NAME _____ SPOUSE EMPLOYED BY _____

SPOUSE'S PHONE NUMBER: WORK _____ CELL _____

INSURED HOLDER'S NAME _____ DATE OF BIRTH _____

INSURED HOLDER'S SOCIAL SECURITY NUMBER _____

INSURANCE COMPANY _____ GROUP NUMBER _____

INSURANCE PHONE NUMBER _____

PERSON RESPONSIBLE FOR THIS ACCOUNT _____

REFERRED BY _____

INSURANCE & FINANCIAL ARRANGEMENT

OUR OFFICE WILL COMPLETE AND SUBMIT DENTAL INSURANCE FORMS TO THE COMPANY TO ACHIEVE THE MAXIMUM BENEFITS TO WHICH YOU ARE ENTITLED AND WILL WORK DILIGENTLY TO MAKE THIS HAPPEN AS QUICKLY AS POSSIBLE.

PLEASE BE AWARE THAT SOME DENTAL INSURANCE COMPANIES TAKE LONGER THAN OTHERS TO COMPLETE PAYMENT. IF NECESSARY, OUR OFFICE WILL CONTACT THE DENTAL INSURANCE COMPANY, OR WE MAY REQUEST YOUR HELP IN THIS MATTER.

IN MOST CASES, WE CAN BEGIN TREATMENT PRIOR TO RECEIVING AN AUTHORIZATION FROM THE DENTAL INSURANCE COMPANY. HOWEVER, YOU NEED TO UNDERSTAND THAT IN ANY EVENT THE DENTAL INSURANCE COMPANY REFUSES TO PAY FOR TREATMENT OR PART OF TREATMENT, YOU ARE ULTIMATELY RESPONSIBLE FOR ALL FEES. NATURALLY, WE TRY TO PROVIDE YOU WITH OUR ESTIMATE OF THE FEES IN ADVANCE.

IF YOU DO NOT HAVE INSURANCE, FINANCIAL ARRANGEMENTS MUST BE MADE PRIOR TO STARTING TREATMENT.

SIGNATURE _____ DATE _____

David Silberman D.D.S. F.A.G.D.

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

****You May Refuse to Sign This Acknowledgement****

I, _____, have received a copy of
this office's Notice of Privacy Practices.

(Please Print Name)

(Signature)

(Date)

For Office Use only

We attempted to obtain written acknowledgement of receipt of our Notice of
Privacy Practices, but acknowledgement could not be obtained because:

- ☐ Individual refused to sign
- ☐ Communications barriers prohibited obtaining the acknowledgement
- ☐ An emergency situation prevented us from obtaining acknowledgement
- ☐ Other (Please Specify)
