



Date: _____

Patient Information

The following is for: the insured the person responsible for payment

Last Name: _____ First Name: _____ M.I. _____

Gender: M F Family Status: _____ Birth Date: _____ SSN: _____

Phone (Home): _____ Phone (Work): _____ Ext: _____ Cell: _____

Address: _____ City: _____ State: _____ Zip: _____

Employment Information

The following is for: the insured the person responsible for payment

Employer Name: _____ Occupation: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Insurance Information

Dental Insurance Plan Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Dental Insurance: _____

Group Number: _____ ID Number: _____

Medical Insurance Plan Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Medical Insurance: _____

Group Number: _____ ID Number: _____

Note: General Anesthesia / I - V Sedation is an elective procedure which may not be covered by your Dental / Medical Insurance. Payment for this service is expected at the time of visit.

I hereby give my consent to SmilesNY and staff, to perform the indicated oral surgery on me / or my child _____ under local or general anesthesia.

Date: _____

Signature of patient, parent or guardian

Responsibility Statement

I understand and acknowledge that I am financially responsible for the services provided for myself or for the above named, regardless of insurance coverage. I allow the use of my credit / debit card on file for all charges whether or not paid by my insurance company, within 60 days of any unpaid balance.

Account Number: _____ Expiration Date: _____

VISA Mastercard Amex Discover _____

Signature

Authorization and Release

I have read and answered the questions to the best of my knowledge. I authorize and request my insurance company to pay directly to the dentist or dental group insurance benefits otherwise payable to me. I authorize the doctor to release all information necessary to receive payment of benefits.

Date: _____

Signature of patient, parent or guardian