



Guarantor Form/Insurance Information:

Patient(s) Name & Date of Birth: _____

Responsible Parties' Information:

Name: _____	Name: _____
Address: _____	Address: _____
Relationship to Patient: _____	Relationship to Patient: _____
D.O.B. : _____	D.O.B. _____
Home #: _____	Home #: _____
Cell #: _____	Cell #: _____
Email: _____	Email: _____

Primary DENTAL insurance:

We will be happy to give you a super bill that you may mail to your secondary insurance company

Name of Policy Holder: _____

Insurance Company Name: _____

Policy Holder's Employer: _____

Policy Holder's Social Security: _____

Policy Holder's Date of Birth: _____

Insurance Group Number: _____ ID#: _____

Insurance Company Phone Number: _____

I order to control the cost of dental services; we require that payment be made at the time of service, unless otherwise discussed previously with our Financial Coordinator. Payment can be made with Cash, Personal Check, Money Order, Master Card, Visa, Discover, American Express or Care Credit. If for any reason your check is returned to us, the office reserves the right to charge a \$25 fee.

We must be notified of any cancellations at least 24 hours prior to the appointment. The office reserves the right to charge a \$50 fee for a broken appointment.

I authorize release of any information relating to any claims and the right to charge a fee of \$25 if my account goes to WPDG's collection agency. I understand that I am responsible for all cost of dental treatment.

(Signature of Responsible Party)

(Date)

Westfield Pediatric Dental Group

Acknowledgement of Receipt of Notice of Privacy Practices

*** You May Refuse to Sign This Acknowledgment***

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

Print Name _____

Signature _____

Date _____

Patient Name _____

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)
