

Westfield Pediatric
Dental Group



Timothy P. McCabe, D.M.D.
Board Certified in Pediatric Dentistry

Julie Jong, D.M.D.
Board Certified in Pediatric Dentistry

John Chang, D.D.S.
Board Certified in Pediatric Dentistry

Kelly Walk, D.D.S.
Board Certified in Pediatric Dentistry

Sara Karlin, D.D.S.
Board Certified in Pediatric Dentistry

Guarantor Form/ DENTAL Insurance Information:

Guarantor Form/Insurance Information:

Patient (s) Name: _____ DOB: _____
 _____ DOB: _____
 _____ DOB: _____

Responsible Parties' Information:

Father's Name: _____ Mother's Name: _____
 Address: _____ Address: _____

 Occupation: _____ Occupation: _____
 DOB: _____ DOB: _____
 Home #: _____ Home #: _____
 Work #: _____ Work #: _____
 Cell #: _____ Cell #: _____
 Email: _____ Email: _____

PRIMARY DENTAL INSURANCE INFORMATION: *We will be happy to give you a super bill that you may mail to your secondary insurance company.*

Name of Policy Holder: _____ DOB: _____
 Insurance Company Name: _____ Employer: _____
 Social Security #: _____ ID #: _____
 Group #: _____ Insurance Co. Phone #: _____

I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the dentists at Westfield Pediatric Dental Group as indicated on all submitted dental claim forms. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim.

Signature of Responsible Party

Date



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