

Kids-Smile

CHILDREN'S DENTISTRY

Insurance Information

Primary

Name of Insured: _____ Is insured a patient? Yes No

Insured's Birth Date: _____ ID #: _____ Group #: _____

Insured's Address: _____

Insured's Employer Name: _____

Address: _____

Insurance Plan Name and Address: _____

Secondary

Name of Insured: _____ Is insured a patient? Yes No

Insured's Birth Date: _____ ID #: _____ Group #: _____

Insured's Address: _____

Insured's Employer Name: _____

Address: _____

Insurance Plan Name and Address: _____

Is this your child's first dental visit? yes no

If no, name of former dentist _____ Date of last visit _____

Referral Information

Whom may we thank for referring you to our practice? Another patient, friend Another patient, relative

Dental Office Yellow Pages Newspaper School Work Other _____

Name of person or office referring you to our practice: _____

Authorization And Financial Responsibility

It is necessary that signed permission be obtained from a parent or guardian before any/all necessary services can be performed because your child is a minor. I acknowledge that the information above and on the reverse side is correct. I authorize the doctor and qualified staff members to take x-rays, photographs or other diagnostic aids deemed appropriate to make a thorough diagnosis and grant this office permission to provide my child's dental treatment. This consent is also valid for emergency treatment, if necessary, even in my absence. Furthermore, I understand that, unless prior arrangements have been made, payment is due at the time of service and that if my insurance does not cover the cost of this dental care, I will become financially responsible for it.

(Signature of parent or guardian)

(Relationship to child)

(Date)

(Signature of doctor)

(Witness)

(Date)

Thank you for completing this form. It will enable us to give your child the best dental care possible. If you or your child have any questions, please feel free to ask at any time. If you prefer to pay by credit card, we now accept Visa, Mastercard, American Express and Discover Card