

HUNTINGTON PEDIATRIC DENTAL GROUP

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Kevin J. Snaer, D.D.S., Inc.
Diplomate, American Board
of Pediatric Dentistry

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Welcome! How did you choose our office? (Name of person or other source)

Do we see other family members?

PARENT'S NAME Mother Father

MARITAL STATUS: Married Widow Separated Divorced Remarried Single

Street

City Zip

PHONE: Home Cell

OCCUPATION: (Company or Homemaker)

Street

City

Phone Position

Street

City Zip

PHONE: Home Cell

(Company or Homemaker)

Street

City

Phone Position

DATE OF BIRTH:

SOCIAL SECURITY NO:

INSURANCE COMPANY:

INSURANCE ADDRESS:

GROUP OR I.D. NO:

ADDRESS ACCOUNT STATEMENTS TO: Mother Father

RELEASE OF DENTAL EXAMINATION/TREATMENT INFORMATION. ASSIGNMENT OF INSURANCE BENEFITS, AND DISCLOSURE OF FINANCE CHARGE ON OVERDUE ACCOUNTS. AUTHORIZATION FOR CREDIT CHECK.

- 1. I take full responsibility for this account. If the amount which will be paid by insurance is important in determining the choice of treatment, I will find out this information before starting treatment.
2. In requesting examination and/or treatment on or after this date . I authorize the release of all information (including x-rays) relating to such examination or treatment to any health service plan or insurance company from which benefit have been paid or may be payable.
3. I also authorize the release of such information to any peer review committee of the state or local associations which may request it.
4. I hereby authorize payment directly to Kevin J. Snaer, D.D.S., Inc., of the group insurance benefits otherwise payable to me, but not to exceed his actual charges for the covered services. I understand that any overpayment caused by my previous personal payment will be promptly refunded to me.
5. I understand that interest-free monthly payment arrangements may be made. I also understand that if no monthly payment arrangements have been made, amounts for which more than one monthly statement has been sent will be subject to a 1 1/2% per month (18% Annual Percentage Rate) finance charge.
6. I understand that a credit report may be secured for the purpose of establishing my account and that no charge will be made to me for such a report.

Date

Signature

