SUBSCRIBER INFORMATION

3ROLF\KROGHU 6XEVFULEHU 1DPH /DVW)LUVW 0LGGOH ,QLWLDO 6XIIL[$GGUHVV &LW\ 6WDWH =,3 &RGH

'DWH RI %LUWK	00''&&<< ☐0 ☐)	*HQGHU 3ROLF\KROGHU 6XEVFULEHU ,' 661 RU ,'
3ODQ RU *URXS 1XPEHU	(PSOR\HU 1DPH	

PATIENT INFORMATION

5HODWLRQVKLS WR 3ROLF\KROGHU 6XEVFULEHU LQ $ERYH ☐ 6HOI ☐ 6SRXVH ☐ 'HSHQGHQW &KLOG 2WKHU

0RQWKV RI 7UHDWPHQW 5HPDLQLQJ 5HSODFHPHQW RI 3URVWKHVLV" 'DWH RI 3U ☐ 1R ☐ <HV &RPSOHWH

3DWLHQW 1DPH /DVW)LUVW 0LGGOH ,QLWLDO 6XIIL[$GGUHVV &LW\ 6WDWH =,3 &RGH

'DWH RI %LUWK	00''&&<< ☐0 ☐)	*HQGHU 3DWLHQW ,' $FFRXQW $VVLJQHG E\ 'HQWLVW

TRANSACTION AND PREDETERMINATION INFORMATION

7\SH RI 7UDQVDFWLRQ 0DUN DOO $SSOLFDEOH %R[HV

☐ 6WDWHPHQW RI $FWXDO 6HUYLFHV ☐ 5HTXHVW IRU 3UHGHWHUPLQDWLRQ 3

☐ (36'7 7LWOH ;,;

3UHGHWHUPLQDW 3UH WUHDWPHQ\ (VWLPDWH 1XPE

AUTHORIZATION - RELEASE OF INFORMATION

, KDYH EHHQ LQIRUPHG RI WKH WUHDWPHQW SODQ DQG DVVRFLDWHG LQIRUPHG RI WKH WUHDWPHQW SODQ DQG DVVRFLDWHG FKDUJHV IRU GHQWDO VHUYLFHV 7 DQG DOO HLQ WUSO DL &QHVVSLUVKLELWHQ EO DQZ WKH WUHDWLQJ GHQWLVW RU GHQWDO SUDFWLFH KDV D FRQWUDFWXDO DJUHHPHQW ZLWK P\ SODQ SURKLELWLQJ DOO RU D SRUW VXFK FKDUJHV 7R R`D€¹V!€°ÀWUHQW PRWXH EVHDZ GLVFORVXUH RI LQIRUPDWLRQ WR FDUU\ RXW SD\PHQW DFWLYLWLHV LQ FRQQHFWLRQ

;

6XEVFULEHU VLJQDWXUH 'DWH

;

3DWLHQW *XDUGLDQ VLJQDWXUH 'DWH

TREATING DENTIST AND TREATMENT LOCATION INFORMATION

, KHUHE\ FHUWLI\ WKDW WKH SURFHGXUHV DV LQGLFDWHG E\ GDW YLVLWV RU KDYH EHHQ FRPSOHWHG

BILLING DENTIST OR DENTAL ENTITY

'HQWLVW RU (QWLW\ 1DPH $GGUHVV &LW\ 6WDWH =,3 &RGH

;

6LJQHG 7UHDWLQJ 'HQWLVW 'DWH

7UHDWPHQW /RFDWLRQ $GGUHVV &LW\ 6WDWH =,3 &

13,

/LFHQVH 1XPEHU	661 RU 7,1
3KRQH 1XPEHU	$GGLWLRQDO 3URYLGHU ,'

13,

/LFHQVH 1XPEHU	3URYLGHU 6SHFLDOW\ &RGH
3KRQH 1XPEHU	