



POLLY T. MICHAELS, DMD, DABOI/ID, FICOI, FAAID  
Diplomate, American Board of Oral Implantology  
Board Certified Oral Implantologist

## INSURANCE INFORMATION

Name of Insured \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
 Birth Date \_\_\_\_\_ SS# \_\_\_\_\_ Date Employed \_\_\_\_\_  
 Name of Employer \_\_\_\_\_ Union or Local # \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Address of Employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_ Policy/ID # \_\_\_\_\_  
 Ins. Co. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Insurance company phone number: \_\_\_\_\_

Do you have any additional insurance?     Yes  No    If Yes, complete the following:

Name of Insured \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
 Birth Date \_\_\_\_\_ SS# \_\_\_\_\_ Date Employed \_\_\_\_\_  
 Name of Employer \_\_\_\_\_ Union or Local # \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Address of Employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_ Policy/ID # \_\_\_\_\_  
 Ins. Co. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Insurance company phone number: \_\_\_\_\_

### REGARDING INSURANCE:

We will file claims with your insurance company as a courtesy to you. **However, your insurance policy is a contract between you and your insurance company. We have no control over their decisions and the amount they decide to pay.**

Before filing a claim on your behalf, we will attempt to verify your coverage and calculate your deductible and co-payments as accurately as possible. But please remember, this is only an estimate. All deductibles and co-payments are due at the time of service.

You should be aware that your insurance company will not guarantee payment over the telephone. We will not know the exact amount they pay until they respond to the claim that we file. **Regardless of what your insurance company decides to pay, you remain responsible for payment of your bill in full.** Once we receive payment on your claim, we will send you a bill for any balance remaining on your account.