

**BEACHCREST DENTAL, INC.**

88 BEACH STREET ♦ WESTERLY, RI ♦ 401-596-0075 ♦ FAX 401-596-0388

**To Be Completed By Person Financially Responsible For The Account**

**Patient's** name \_\_\_\_\_ Birth date \_\_\_\_\_

Name of **spouse** \_\_\_\_\_ Birth date \_\_\_\_\_

If child, **parent's** name \_\_\_\_\_

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Patient/Parent** employed by \_\_\_\_\_ Phone \_\_\_\_\_

Business address \_\_\_\_\_

Present position \_\_\_\_\_ How long held? \_\_\_\_\_

Social Security Number (required) \_\_\_\_\_

**Spouse** employed by \_\_\_\_\_ Phone \_\_\_\_\_

Business address \_\_\_\_\_

Present position \_\_\_\_\_ How long held? \_\_\_\_\_

**Spouse's** Social Security Number \_\_\_\_\_

Person Responsible for payment \_\_\_\_\_

Relationship to patient (if not immediate family) \_\_\_\_\_

Whom may we thank for referring you to us? \_\_\_\_\_

**If you have dental insurance coverage, please provide the information requested below:**

PRIMARY INSURANCE CARRIER

Policy Holder \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_ ID# \_\_\_\_\_

Insurance Name \_\_\_\_\_ Group# \_\_\_\_\_ Employer \_\_\_\_\_

SECONDARY INSURANCE CARRIER

Policy Holder \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_ ID# \_\_\_\_\_

Insurance Name \_\_\_\_\_ Group# \_\_\_\_\_ Employer \_\_\_\_\_

**All please read, sign and date the following:**

I hereby authorize release of any information regarding my (my spouse's or my child's) dental treatment requested by my insurance company/companies **if and when** I have dental insurance. If my insurance makes payment directly to the dentist, I hereby authorize this.

I also hereby promise to pay at the time of service, or within 30 days of billing when my co-pay amount cannot be determined in advance, for all services rendered by Beachcrest Dental, Inc. On default of any payments due, I agree to pay any rebilling fees, collection, attorney or court costs.

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date