



Dr. Brad Rondeau D.D.S.
Phone: 810-225-8338/Fax: 810-225-8338

INSURANCE INFORMATION

Patient and Subscriber Information

Patient Name: _____ Patient Birthdate: _____

Person responsible for account: _____

Insured employed by: _____ Employer address: _____

_____ Employer phone number: _____

Please provide your insurance card and driver's license so that we can scan them for our records.

Insurance Company: _____ Group #: _____

Subscriber's SSN: _____ Subscriber's name: _____

Subscriber's relationship to patient: _____ Subscriber's birthdate: _____

Is patient covered under additional insurance? (circle one) YES NO

Subscriber employed by: _____ Employer phone #: _____

Dr. Rondeau chooses to use only white composite material for restorations and does not use silver amalgam. Please be aware that should the insurance plan not fully cover composite restorations, the difference in fee is the patient's responsibility.

AUTHORIZATION FOR BILLING OF INSURANCE

I authorize the release of any medical information required by my insurance carrier(s) to determine benefits on my behalf. This expressly includes information regarding diagnosis or treatment of any drug, alcohol, AIDS, AIDS-Related Complex, HIV infection or mental illness. I request payment of authorized benefits be made on my behalf to Dr. Brad Rondeau, D.D.S. for any services provided by him.

AUTHORIZED SIGNATURE: _____ DATE: _____