

Columbine Dental Hygiene, Prof. LLC

Kellie Reed, RDH

Name _____ DOB _____ Soc. Sec # _____
Last Name First Name MI

Address _____ City _____ State _____ Zip _____

How did you hear about us? _____

Sex: F M Marital Status _____ Driver's License # _____

Phone: Home _____ Cell _____ Work _____

Patient is a Student Y N If Yes, School _____ Full Time Part Time

Employer _____ Email Address _____

Emergency Contact Name _____ Home/Cell Phone _____ Work Phone _____

Responsible Party Information (if other than patient above)

Person responsible for paying fees _____
Last Name First Name Middle Ini

Soc. Sec # _____ - _____ - _____ DOB ____/____/____ Relationship to patient _____

Resp. Party Driver's License # _____ - _____ - _____

Address _____ City _____ State _____ Zip _____

Phone: Home _____ Cell _____ Work _____

Insurance Responsibility

We will file your insurance one time as a courtesy to you. If your insurance company does not pay within 60 days, you will be responsible for the remaining balance. It is YOUR responsibility to provide us with accurate insurance information, if you do not - we cannot appropriately file your claim.

816 South 5th Street, Suite A Montrose, Colorado 81401

Phone (970)-964-4546 Fax (970)-964-4534

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Dental Insurance

Subscribers Name _____

Relation to Patient _____ DOB ___/___/___

Subscribers SS# _____ - _____ - _____

Subscribers Address _____

City _____ State _____ Zip _____

Subscribers Employer _____

Work Phone _____

INS. Company _____

INS. Company Phone # _____

INS. Company Address _____

Subscriber # _____ Group # _____

Authorization for Treatment

I hereby authorize Columbine Dental Hygiene to perform diagnostic procedures, diagnostic radiographs and therapeutic procedures that may be necessary for proper preventative care. The information on this page and dental/medical history is correct to the best of my knowledge. I also grant the right to Columbine Dental Hygiene to release my dental history and records to my insurance company for payment.

X _____

Patient/responsible party

Date