BERNARDO CALDAS
ORTHODONTICS

Financial Policy & Insurance Information

01 | Patient information

Patient name

Date of birth

Responsible party

Relationship to patient

Phone

Email

Address

City

State

ZIP code

02 | Insurance information

Primary insurance carrier

Insurance phone number

Subscriber name

Member ID

Subscriber Social Security number (XXX-XX-XXXX)

Group number

Subscriber date of birth

Employer

03 | Financial policy

- Insurance benefits are a courtesy estimate only and not a guarantee of payment.
- The patient or responsible party is ultimately responsible for all fees, regardless of insurance coverage.
- Co-pays, deductibles, and any remaining balances are due according to our office policy.
- Missed appointment fees and/or returned payment fees may apply.
- Please keep your account balance current throughout the course of treatment.

04 | Assignment / authorization

I authorize the release of any information, including dental/orthodontic records and treatment information, necessary to process insurance claims. I also authorize payment of insurance benefits directly to Caldas Orthodontics when applicable. I understand that I am responsible for all fees not covered by insurance.

05 | Signature

Responsible party signature

Printed name

Date