

**PLEASE COMPLETE THIS FORM AND  
BRING IT TO YOUR APPOINTMENT.  
ALSO, IF YOU HAVE INSURANCE  
PLEASE BRING A COMPLETED  
INSURANCE FORM. THANK YOU.**

**Dr. David D. Mentz**

**Welcome To Our Office**

**Orthodontist**

**Patient Information**

Name _____
Patient Address _____ City _____ State _____ Zip _____
Home Phone _____ Date of Birth _____ Age _____
Sex ____M____F

**Billing Information**

Name _____
Address: _____
Phone: (work or cell if different than above) _____
Birth date: _____ S.S.# _____
Employer: _____ Occupation: _____ Number of years employed: _____
Marital Status: _____

Please indicate who will be in charge of billing: \_\_\_\_\_

**Dental Insurance Information**

Insured's Name _____ Insured's I.D. # _____
Insurance Company _____ Group # _____ Phone # _____
Insurance Company Address _____
Do you have dual coverage _____ Yes _____ No If yes:
Insured's Name _____ Insured's I.D. # _____
Insurance Company _____ Group # _____ Phone # _____
Insurance Company Address _____
Insured's Employer _____

Please remember that insurance is considered a method of reimbursing the patient for fees paid to the doctor and is not a substitute for payment. Some companies pay fixed allowances for certain procedures and others pay a percentage of the charge. It is your responsibility to pay any deductible amount, co-insurance or any other balance not paid for by your insurance company. You will be responsible for all collection costs, attorney fees, and court costs.

I understand that where appropriate, credit bureau reports may be obtained.

**If No treatment is pursued after consult, there will be a charge for orthodontic records.**

Signature \_\_\_\_\_ Date \_\_\_\_\_