



**HOEKWATER**  
FAMILY DENTISTRY

**Insurance Information and Financial Policy**

If you have dental insurance we will gladly complete the forms necessary to process your claim. Please complete the following information regarding your coverage and bring your dental insurance card with you to your appointment.

PRIMARY INSURANCE	SECONDARY INSURANCE
Name	Name
SS# or ID#	SS# or ID#
Subscriber Date of Birth	Subscriber Date of Birth
Employer	Employer
Dental Insurance Company	Dental Insurance Company
Group Number	Group Number
Insurance Claims Address	Insurance Claims Address
Phone Number	Phone Number

We ask that you remember that we have no control over the limitations and policies of your particular insurance plan. We will estimate what your insurance company may pay, but it is the insurance plan chosen for you by your employer that makes the final determination of your benefits.

All co-pays and deductibles are due at the time of service.

For your convenience we accept payments made by cash, check, Visa, MasterCard, Discover, as well as through Care Credit, which is a financial institution that allows our patients to make payments over a period of three or six months (interest free). Care Credit can be contacted at [www.carecredit.com](http://www.carecredit.com) or by phone at 800.365.8295.

Please feel free to contact our office at 616.455.7370 if we can help you with your insurance and billing questions.

With your signature, you are agreeing to the authorization of release of information relating to dental claims, authorizing insurance payment to be made directly to Hoekwater Family Dentistry, P. C. and accepting responsibility for the costs of dental treatment.

Signature

Date