FD Notes

KAY & MORRIS
ORTHODONTICS

25 Boulder Hill Pass
Montgomery, IL 60538
630-896-2779

100 S. Latham, Ste. 205
Sandwich, IL 60548
815-786-7232

Dr. C. Neil Kay & Dr. Ryan S. Morris
www.kmbraces.com
info@kmbraces.com

Fax to: 630-896-9252

Verified Date _____
Ortho Max_____%_____
Used_____Age_____
Adults_____Add Verf._____
Terms_____
_____
_____
TX Dates_____
TX OP1_____
EST_____
TX OP2_____
EST_____

Date: _____

PATIENT INFORMATION **Please PRINT Legibly,and must complete highlighted areas.**

Name:_____Birthdate:_____
First Last

PRIMARY DENTAL INSURANCE Effective Date: _____

Is this coverage under Medical plan? Yes / No

Insured Person _____Relationship to Patient_____ Birthdate____/_____/_____

Insurance ID# or Social Security# _____Group Number _____

Employer's Name _____

Insurance Company Name _____ Phone Number ( ) _____

Insurance Company Address _____

City _____State _____Zip _____

Failure to fill all the information may cause a delay in submitting your claim to the insurance company.

Ortho max _____%_____
Used _____ Age_____
Adults _____Add Verf____
Terms_____
_____
TX OP1 EST_____
TX OP2 EST_____

Effective Date: _____

SECONDARY DENTAL INSURANCE

Is this coverage under Medical plan? Yes / No

Insured Person _____Relationship to Patient_____ Birthdate____/_____/_____

Insurance ID# or Social Security# _____Group Number _____

Employer's Name _____

Insurance Company Name _____ Phone Number ( ) _____

Insurance Company Address _____

City _____State _____Zip _____

Assignment and Release of Benefits

I, the undersigned, certify that I (or my dependent) do have insurance coverage with _____ and **assign directly to C. Neil Kay Orthodontic P.C. all insurance benefits**, if any, otherwise payable to me for services rendered. I understand that I am financially liable for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the release of benefits. I authorize the use of this signature on all insurance submissions.

Responsible Party Signature Relationship Date