

Laurie T. Hanschu, DDS
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INSURANCE INFORMATION

Please bring your insurance I.D. card with you to your first appointment so that we may assist you in billing your insurance company. Without this information, your insurance company will not reimburse you for the costs of your dental visits. If your insurance coverage changes in the future, please bring your new insurance I.D. card. If you have dual insurance coverage, please bring your secondary insurance information as well.

As a courtesy, we will prepare and send your insurance claims for you. In order to do this, we need you to read and sign the following two (2) "Signatures On File". These two (2) "Signatures on File" are standards taken from the American Dental Association's Uniclaim Dental Form (J504) and are accepted by all major insurance companies. We will keep your "Signatures On File" until you direct us not to do so.

Signature On File #1

I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan. To the extent permitted under applicable law, I authorize release of any information relating to this claim.

Signed (Patient or Guardian)

Date

Signature On File #2

This must be signed by the EMPLOYEE or SUBSCRIBER who actually has the dental insurance policy. This is not necessarily the patient.

I hereby authorize payment of the dental benefits otherwise payable to me directly to my treating dentist, Laurie Hanschu, DDS

Signed (Employee/Subscriber)

Date