

Forest Hill Endodontics

2904 Old Forest Rd. Lynchburg, VA 24501

Dustin S. Reynolds, D.D.S., M.S.

Practice Limited to Endodontics

Patient Information and Dental Insurance

Date: _____

Patient Name: _____
(Last) (First) (M.I.)

Preferred Name if Different From Above: _____

Date of Birth: _____ Social Security#: _____

Sex: M F

Contact Information:

Address: _____
(Street) (Apt/Building#)

(City) (State) (Zip)

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

In case of an emergency, who should be notified?

(Name) (Phone Number)

Who is Responsible for this Account (If not self)?

(Name) (Phone#) (Employer)

Dental Insurance Information:

Insurance Company Name **Primary:**

Policy Holder Name: _____ Relation: _____
-Date of Birth: _____ I.D./Social Security#: _____

Policy Holder Employer: _____

Insurance Company Name **Secondary (If**

Applicable): _____

Policy Holder Name: _____ Relation: _____
-Date of Birth: _____ I.D./Social Security#: _____

Policy Holder Employer: _____

Insurance Authorization and Assignment/Fee Payment

I request payment of benefits be made to Dustin S. Reynolds, D.D.S., P.C., for services rendered to me by Forest Hill Endodontics. I authorize any holder of medical information about me to release any information needed to determine these benefits payable to related services. I understand that my signature requests payment be made and authorizes release of medical information necessary to pay this claim. I understand any information provided to me regarding my insurance benefits is an ESTIMATE of cost and coverage. A final determination of benefits is made by the insurance company when the claim is resolved. I am responsible for all fees associated with my account, for payment of the deductible, coinsurance, and non-covered services. If my account becomes assigned to a collection agency, I agree to pay all collection agency fees, court costs, and attorney fees. I agree that this authorization shall be valid until rescinded in writing or replaced by an updated agreement. I certify the above information is correct.

Signature: _____ Date: _____