

Richard R. Kneisley, D.D.S.
General Dentistry

ACCOUNT INFORMATION

Ohio Law states that if you have custody of your children then you are the responsible party. It is also your responsibility to take care of any financial agreement between you and your former spouse. We will be happy to submit insurance on your child's behalf as long as you provide us with current information.

RESPONSIBLE PARTY

Name: Last _____ First _____ Middle Initial _____
Street _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Email _____ Cell Phone _____
Date of Birth _____ Social Security _____

Employer's Name: _____
Address _____
City _____ State _____ Zip _____
Marital Status: S M W D

Spouse's Name: _____
Date of Birth _____ Social Security _____
Email _____ Cell Phone _____

Spouse's Employer's Name: _____
Address _____
City _____ State _____ Zip _____

(If yes) Do you have dental insurance? Yes No
Insurance Company Name: _____
Address _____
City _____ State _____ Zip _____
Group # _____

Insured's Full Name: _____

Do you also have dental insurance through any other family member? Yes No
(If yes)
Insurance Company Name: _____
Address _____
City _____ State _____ Zip _____
Group # _____

Insured's Full Name: _____
I will be paying today Cash Check Credit Card

Who may we thank for referring you to us? _____

ABOUT FINANCIAL ARRANGEMENTS AND DENTAL INSURANCE

We are committed to providing you with the best possible care. If you have dental insurance, we will be happy to process your insurance to help you to receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy. Payment for service is due at the time services are rendered unless other arrangements are made. We accept cash, checks, and all major credit cards.

Returned checks and balances older than 60 days may be subject to additional collection fees and interest charges of 1-1/2% per month. Payment plans and automatic withdrawals can easily be arranged to help keep your account free of finance charges.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance. You must realize, however that:

1. Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract.
2. Our fees are generally considered to fall within the acceptable range by most companies, and therefore are covered up to a maximum allowance determined by each carrier. This applies only to companies who pay a percentage (such as 50%, or 80%) of "U.C.R." "U.C.R." is defined as usual, customary and reasonable fees for this region. Thus, our fees are considered usual, customary and reasonable by most companies.

This statement does not apply to companies who reimburse based on an arbitrary "schedule" of fees, which bears no relationship to the current standard and cost of care in this area.

3. Not all services are covered benefits in contracts. Some insurance companies arbitrarily select certain services they will not cover.

We must emphasize that as dental care providers, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered.

We realize that temporary financial problems may affect timely payment our your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

If you have any questions about the above information or any uncertainty regarding insurance coverage, PLEASE don't hesitate to ask us. We are here to help you.

I understand and agree that (regardless of my insurance status) I am ultimately responsible for the balance on my account for any professional services rendered. I have read all the information on both sides of this sheet and have completed the above answers. I certify this information is true and correct to the best of my knowledge. I will notify you of any changes in my health status or the above information.

Signature _____ Date _____

PLEASE COMPLETE REGISTRATION ON THE OTHER SIDE