Dale R. Hallberg, D.D.S.
608 N. Humphreys
Flagstaff, AZ 86001
(928) 774-4412

Today's Date: ___________________

Referred by: _______________________________________

Additional Patient Information:

Name: _________________________ Cell Phone: (___) _________________

Marital Status (for insurance billing): Please circle: Single Married Divorced Separated
Name of spouse (if applicable): __________________________

Billing information:
Name of person responsible for bill, if different from patient: ________________________
Address: ____________________________ Phone: ___________________________

DENTAL INSURANCE INFORMATION:*Please have receptionist copy insurance card*

Name of Dental Insurance Company: ______________________________________

Insurance Co. Address: ___________________________ Group #: ____________

Employee Name: __________________________________

Employee Address: ________________________________

Employee Date of Birth: ___/___/____ Employee Soc. Sec. #: _ _ _- _ _ - _ _ _ _

Employer (Company) Name: ___________________________

Employer (Company) Address: ________________________
Is patient covered by *another* dental plan? YES NO
*** If so, please have receptionist copy secondary insurance card***
Secondary Insurance: ___________________________Group #: ____________
Insurance address: ___________________________
Employee Name and Address: _____________________
Employee Date of Birth: ___/___/___ Employee Soc. Sec. #: _ _ _-_ _ -_ _ _ _

FINANCE CHARGE: If I do not pay the entire new balance within 25 days of the monthly billing date a finance charge will be added to the account for the current monthly billing period. The finance charge will be a periodic rate of 1.5% per month or a minimum charge of $3.00 for a balance under $134.00. In the case of default of payment, I agree to pay any legal interest on the balance due together with any collection costs and reasonable attorney fees incurred to effect collection on this account.
There will be a charge for all broken appointments.

____
Patient Signature