DENTAL ASSOCIATES OF WALPOLE

1428 Main Street, Suite 1
Walpole, MA 02081
Tel: 508.668.8008
Fax: 508.668.8808

Family Account Information *CHANGE FORM*

Patient's Names:	Date of Birth:	Gender:
_____	_____	☐ M ☐ F
_____	_____	☐ M ☐ F
_____	_____	☐ M ☐ F
_____	_____	☐ M ☐ F
_____	_____	☐ M ☐ F

1. *Financial Responsibility:* ☐ Same ☐ Change (Please fill out the remainder of this section)

I, _____ hereby release financial responsibility for this account to

_____ (Name) on _____ (Date) . _____ (Signature)

Name of New Financially Responsible Person: _____ (Last) (First) (MI)

Social Security Number (required): ☐☐☐ – ☐☐ – ☐☐☐☐ **Date of birth:** _____

Gender: ☐ Male ☐ Female **Family Status:** ☐ Married ☐ Single ☐ Divorced ☐ Other

Address: _____ (Street) (City) (State) (Zip Code)

Phone Numbers		**May we leave messages regarding treatment, appointments or billing at these numbers?**
Home:		☐ Yes ☐ No
Cell:		☐ Yes ☐ No Text? ☐ Yes ☐ No
Work:	ext:	☐ Yes ☐ No

I understand that I am responsible for the cost of all dental treatment. I also understand that I am responsible for paying any copayments or deductibles that the insurance does not cover. I understand that I will be responsible for any fees if 3rd party collection efforts are required to collect a balance and for any returned check fees. I also understand that there will be a charge for any missed appointments or appointments cancelled with less than 24 hours notice to Dental Associates of Walpole.

Signature of Person Financially Responsible: _____ **Date:** _____

2. *Insurance Information:* ☐ Same ☐ Change (Please fill out the remainder of this section)

Policy Holder's Name: _____ (Last) (First) (MI) **Date of birth:** _____

Subscriber ID #: _____ **Group #:** _____

Employer: _____

Name of Insurance Company: _____

I hereby authorize release of any information including diagnosis and records of treatment or examination to my insurance company.

Signature: _____ **Date:** _____

3. *New Address:*

_____ (Street) (City) (State) (Zip Code)

New Phone: _____ (Home) _____ (Cell) _____ (Work) (ext.)

09.23.2011 version

Family ◦ Specialty ◦ Care