

Douglas F. Pierre D.D.S., M.S.

2626 S. Oneida St., Green Bay, WI 54304-5393 • 920/499-2991

● Patient Information/Child

Name _____ Home Phone _____
Address _____ Birthdate _____
City, State, Zip _____

● Father Information

Name _____ Home Phone _____
Address _____ Work Phone _____
City, State, Zip _____ Cellular Phone _____
Birthdate _____ Soc. Sec. # _____
Employer _____

● Mother Information

Name _____ Home Phone _____
Address _____ Work Phone _____
City, State, Zip _____ Cellular Phone _____
Birthdate _____ Soc. Sec. # _____
Employer _____

● Medical Insurance

Primary Insurance

Policyholder Name _____ Group # _____
Insurance Co. _____ Subscriber _____

Secondary Insurance

Policyholder Name _____ Group # _____
Insurance Co. _____ Subscriber _____

● Dental Insurance

Primary Insurance

Policyholder Name _____ Group # _____
Insurance Co. _____ Subscriber _____

Secondary Insurance

Policyholder Name _____ Group # _____
Insurance Co. _____ Subscriber _____

As a courtesy to our patients, we do submit claims to your insurance companies.

I do understand that insurance benefits are a contract between myself and my employer and that Dr. Douglas Pierre is not a party in that contract. I understand that I am responsible for all fees in full regardless of my insurance benefits.

Responsible Party Signature

Date

Signature on File

I am authorizing Pierre Periodontal Clinic permission to send to my insurance company or any of my medical caregivers any requested information including, but not limited to, radiographs, treatment notes and charting.

Signature

Date

I am authorizing "assignment of benefits". Payments by my insurance company will be sent directly to Pierre Periodontal Clinic, Ltd.

Signature

Date