Kids Dental Experts®
Park-West Pediatric Dental Associates, Ltd.
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920-592-8940 • 800-441-9477 • Fax 920-592-8953
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DR. ERIC J. VAN MILLER • DR. MEREDITH A. EVANS • DR. STEPHANIE PAGELS

Dental Specialists for Children & Teenagers

Account #_____

PLEASE COMPLETE AND RETURN

DENTAL PRIMARY INSURANCE

Insurance Company

Ins. Co. Address

City State Zip Code

Insurance Phone # Group #

Employer / Company Name

Subscriber / Employee Name

Subscriber / Employee Address

Subscriber / Employee City State Zip Code

Subscriber / Employee SS# Date of Birth

Member ID# or Certificate #

Relationship to Patient

DENTAL SECONDARY INSURANCE

Insurance Company

Ins. Co. Address

City State Zip Code

Insurance Phone # Group #

Employer / Company Name

Subscriber / Employee Name

Subscriber / Employee Address

Subscriber / Employee City State Zip Code

Subscriber / Employee SS# Date of Birth

Member ID# or Certificate #

Relationship to Patient

Are natural parents: Married ( ) Divorced ( ) Separated ( ) Widowed ( ) Never Married ( )

Other (explain) _____

With whom does the child(ren) reside?_____

List all children covered under policy:	SEX	DATE OF BIRTH
1._____	_____	_____
2._____	_____	_____
3._____	_____	_____

ALL CLAIMS ARE FILED AS A COURTESY AND WILL BE SUBMITTED TO YOUR DENTAL INSURANCE CARRIER WITH THE INFORMATION YOU PROVIDE TO US. MISSING OR INCORRECT INFORMATION COULD RESULT IN A DELAY IN PROCESSING OR POSSIBLY A DENIAL OF YOUR DENTAL CLAIM.

ALL INSURED PARTIES ARE RESPONSIBLE FOR KNOWING THEIR PLAN BENEFITS. ANY SERVICES NOT COVERED BY INSURANCE ARE DUE AT TIME OF SERVICE.

Signature Date