Pediatric Dentistry
Palm Springs . Yucca Valley

Lauren L Gutenberg, DDS, MSD
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Diplomates,
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7144 Airway Avenue
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Dental Insurance Policy & Info.

We are happy to assist you in filing the necessary forms to help you receive the full benefits of your coverage. The insurance relationship constitutes an agreement between the **carrier** and the **patient**. As such, we can make no guarantee of estimated coverage or payment. However, please know that we will do everything possible to see that you receive the full benefits of your current policy.

Subscriber Name: _____

Date of Birth: _____ Subscriber ID/SSN: _____

Group/Employer Name: _____ Group #: _____

Insurance Name: _____

Claims Mailing Address: _____

_____

_____

Insurance Telephone #: _____

Please initial your acknowledgement of the following:

_____ I authorize release of any information concerning my child/children's healthcare recommendations & treatment for the purpose of evaluation & administering claims for insurance benefits.

_____ I authorize payment of insurance benefits directly to Steven J. Niethamer, D.M.D. &/or Lauren L. Gutenberg, D.D.S., M.S.D.

_____ I understand that my dental insurance benefits may be less than the fees for dental services & may not pay the fee charged in full.

_____ I understand that because you cannot guarantee my exact insurance coverage, there may be a balance remaining after insurance payment is received.

_____ I understand that I am responsible for & agree to pay all fees for my child/children's dental treatment.

_____ I agree to pay any applicable deductibles & estimated copayments on the date dental services are rendered. I understand that not all dental treatment received may be covered by my insurance plan & I agree to pay for any non-covered services on the date the dental services are rendered.

_____ I agree to pay the total cost of dental services rendered on the date of service if my child/children do not have dental insurance benefits.

Parent/Guardian Signature: _____ Date: _____