

Laura L. Willhoite, D.D.S.

Specialist in Orthodontics
1100 W. Blue Starr Drive
Claremore OK 74017
(918) 341-5100

Name _____ Date of Birth _____ / _____ / _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer _____ Social Security Number _____

Person or Persons Responsible for Account _____

How did you hear about our office? _____

Dental Insurance Company _____ Phone Number _____

Address _____ City _____ State _____

ID Number _____ Group Number _____

Is there orthodontic coverage? YES / NO

This office reserves the right to verify the credit status of potential patients and/or parents prior to extending credit for treatment fees and may, at the discretion of this office, use the services of a credit reporting service. I understand that payment is expected at the time of service unless other arrangements have been made in advance. I certify that the information I have reported with regard to my insurance is correct. I hereby authorize Laura L. Willhoite, D.D.S., to apply for benefits on my behalf for services and request that payment from my insurance company be made directly to Laura L. Willhoite, D.D.S. I authorize the release of any medical/dental information necessary to process this claim. I permit a copy of this authorization to be used in the place of the original. I agree to forward to Laura L. Willhoite, D.D.S. all insurance payments that I receive for services rendered to me immediately upon receipt. I understand that I am responsible for any fees not covered by my insurance. I certify that the above information is correct.

Signature _____ Date _____ / _____ / _____