DARRELL K. ROBERSON D.M.D.

357 Office Park Drive Birmingham, Alabama 35223
Phone: (205)871-2838 Fax: (205)871-2238

Patient Information

Patient Name_____

DOB_____SSN_____

Address_____

Mobile Phone_____ Work Phone_____

Email Address_____

Dental Insurance Information

Insurance Company _____

Group Number_____ Contract/Member ID_____

Subscribers Name _____

- *Check box if same as patient* □

Subscribers SSN_____ Subscribers DOB_____

Employer Name_____ Secondary Policy? _____

Responsible Party Information

Name of person responsible for bill_____

- *Check box if same as patient* □

Relationship to patient_____ Contact Number_____

Address_____

Emergency Contact Information

Name_____

Contact Number_____ Relationship to patient_____

As a service to you we will file your insurance claims for you. Dental insurance does not typically cover 100% of dental services, but only a portion of the fee. The undersigned agrees to pay all costs of the account which if covered, will be reimbursed to the payee by the insurance company.

Patient Signature_____ Date_____