

Elaine V. Sunga, D.D.S.
Orthodontics and Dentofacial Orthopedics
 860 Kuhn Drive Suite #201
 Chula Vista, CA 91914

INSURANCE INFORMATION

Patients who carry any form of orthodontic insurance should know that all orthodontic services performed in this office are charged directly to the patient and/or person(s) responsible for payment unless informed otherwise. As a courtesy to our patients, we will assist you in preparing any forms in order to collect reimbursement from the insurance company. However, we cannot render services on the assumption that any part of our fee will be paid by the patient's insurance company.

PATIENT INFORMATION		
_____	_____	_____
Patient's Name	Patient's DOB	Patient's SSN
SUBSCRIBER INFORMATION		
_____	_____	_____
Subscriber's Name (if different from patient)	Subscriber's DOB	Subscribers SSN or ID number
_____	_____	_____
Relationship to Patient	Employer	Group Number
_____	_____	
Insurance Carrier	Insurance Carrier's Phone Number	
ASSIGNMENT AND RELEASE		
<p><i>I, the undersigned certify that I (or my dependent) have insurance coverage with the aforementioned companies, and assign directly to Dr. Elaine V. Sunga all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by the insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits.</i></p>		
_____	_____	
Subscriber signature	Date	
ADDITIONAL SUBSCRIBER INFORMATION		
<i>Please complete only if patient has dual insurance coverage</i>		
_____	_____	_____
Subscriber's Name (if different from patient)	Subscriber's DOB	Subscribers SSN or ID number
_____	_____	_____
Relationship to Patient	Employer	Group Number
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