

Gentle Family Dentistry

15430 W. National Ave.
New Berlin, WI 53151
262-797-8303

(please fill out both sides)

Credit Policy

Our sole purpose is to minimize your investment of keeping your teeth for the rest of your life. This luxury has now become commonplace through strong dental care and improved patient dental hygiene. To serve you from an administrative side of this process, we request the following information:

Billing Information:

Person responsible for this account: _____

Social Security #: _____ Driver's License #: _____

Employer Name: _____

Employer Address: _____

Employer Phone #: _____

Credit Card Type: _____ Credit Card Number: _____

Expiration Date: _____

Primary Insurance:

Insurance Co. Name: _____

Insurance Co. Address: _____

Insurance Co. Phone Number: _____

Subscriber's Name (the person carrying the insurance): _____

Subscriber #: _____ Group #: _____

Subscriber's Date of Birth: _____

Secondary Insurance:

Insurance Co. Name: _____

Insurance Co. Address: _____

Insurance Co. Phone Number: _____

Subscriber's Name (the person carrying the insurance): _____

Subscriber #: _____ Group #: _____

Subscriber's Date of Birth: _____