

DURANGO DENTAL ASSOCIATES
3235-A North Main Avenue ~ Durango, CO 81301
(970)259-3112

PATIENT INFORMATION FORM INSTRUCTIONS

1. **Patient Information Section:** Provide the information on the patient. If the patient is a minor (under the age of 19) they cannot be responsible for their own account.
2. **Insurance Information Section:**
 - a. *Primary Insured Section:* If the patient does not have dental insurance, provide the information for the financial responsible party. If the financial responsible party is the non-minor patient, you may say "Same As Above".
 - b. If the patient has dental insurance, please complete this section entirely with the primary insured's information, do not say same as above. Bring primary dental insurance card to your appointment.
 - c. *Secondary Insured Section:* If the patient does not have secondary insurance, then please provide either spouse or parent information here, do not say same as above. The information provided in this section should not be the same as the information in the *Primary Insured Section*.
 - d. If the patient has secondary insurance, please complete this section entirely and bring the secondary dental insurance card to your appointment.
3. **Person to Contact In Case of Emergency Section:** Provide a name and phone number other than patient's spouse and/or parents. Information should be that of a non-minor adult ie: family member; friend; neighbor; co-worker.
4. **Authorization Section:** Please sign even if you do not have dental insurance, as there is other information associated with a signature.
5. **Method of Payment Section:** Should you wish to discuss financial arrangements, please contact the practice manager, Meme Eberspacher, prior to your appointment.

Please do not hesitate to contact our office with any questions or concerns you may have regarding your dental appointment.

THANK YOU.