



Dr. Carlos H. Letelier, M.D., D.M.D., D.D.S.
Board Certified -- Specializing in Dental Implants

PATIENT INFORMATION

Full Name _____ Nickname _____ Age _____ Birth date _____ Sex _____

Address _____ City _____ State _____ Zip _____ Soc. Sec. # _____

Home Phone _____ Cell Phone _____ E-mail _____

☐ DO YOU PREFER TO BE TEXT MESSAGED? ☐ DO YOU PREFER TO BE EMAILED?

Employer _____ Occupation _____ Work Phone _____

General Dentist _____ Orthodontist Name(if applicable) _____

PERSON FINANCIALLY RESPONSIBLE (IF OTHER THAN PATIENT)

Name _____ Birth date _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Soc. Sec. # _____ Employer _____ Work Phone _____

INSURANCE INFORMATION

DENTAL INSURANCE: Insurance Co. _____ Employer _____

Under Whose Name _____ DOB _____ SS# _____

MEDICAL INSURANCE: Insurance Co. _____ Employer _____

Under Whose Name _____ DOB _____ SS# _____

ADDITIONAL INS. COVERAGE: Ins. Co. _____ Employer _____

Under Whose Name _____ DOB _____ SS# _____

EMERGENCY CONTACT

Name _____ Phone # _____ Relationship _____

Signature of Responsible Party **

Date

Patient ID

****ASSIGNMENT OF BENEFITS:** By signing, I hereby guarantee payment of *all* charges incurred for the account of the patient described above. I also hereby assign and direct you to pay any surgical or medical attention benefits under this claim directly to Dr. Carlos Letelier, The Center for Surgical Arts, or The Center for Oral Surgery. I also hereby authorize this office to furnish from its records any information requested by the insurance companies in connection with the assignments above. I understand that when applicable, my insurance is being billed as a courtesy and any co-pays and/or unmet deductibles are asked for prior to procedures. If we are unable to verify benefit coverage or if you are not working with insurance, balance will be asked to be paid *in full* before procedures. I have read and understand that I am assuming financial responsibility for the care rendered. Notice of Privacy Practices and Infection Control Policies are available for review upon request. **MEDICARE PATIENTS PLEASE NOTE:** We have elected to opt out of the Medicare Program, and thus cannot bill for services that would be Medicare eligible. We are not a provider of any medical insurance carrier and all medical procedures will require payment *in full* at time of service.