



**Port Royal Oral Surgery, P.A.**  
**Simons Hane Jr., DMD**

**Guarantor Information**

The guarantor is the insured and/or financially responsible party. Port Royal Oral Surgery is more than willing to assist you in filing your insurance claims. Insurance cards (medical and dental) must be presented at reception if you choose for us to verify benefits and/or file your claims. It is the patient's responsibility to give us all current cards and necessary information.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

SSN: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

For patients with dental insurance we are providers for; Metlife, Delta Dental, United Concordia, and approved Medicaid recipients. We will be happy to work with other carriers to help maximize your benefits and directly bill them for services rendered.

We are not Medicare providers and we will be unable to bill for any procedure, if you need a referral to a Medicare provider, please ask for assistance.

**ASSIGNMENT AND RELEASE OF BENEFITS**

**I hereby authorize payment directly to the doctors and/or Oral Surgeons for any & all services rendered. I fully understand that I will be financially responsible for any unpaid and/or non-covered services. I also give my authorization to the physician to release any information required in order to process the claim or for any other reason deemed necessary.**

**Signature of guarantor/financially responsible:** \_\_\_\_\_ **Date:** \_\_\_\_\_