



Elite Dental Care

Gurjeet Ranu DMD
838 Alexander Rd.
Princeton Jct. NJ 08540

Enrich Your Smile...

Date: _____

Last Name: _____ First Name: _____ M: _____

DOB: _____ Sex: (circle one) Male Female Age: _____ SS#: _____

Home#: (_____) _____

Address: _____

Cell#: (_____) _____

City: _____ State: _____ ZipCode: _____

Policy Holder Last Name: _____ First Name: _____ M: _____

Relationship to Patient: _____ Policy Holder DOB: _____ SS#: _____

Home#: (_____) _____

Address: _____

Cell#: (_____) _____

City: _____ State: _____ ZipCode: _____

Policy Holder Employer: _____

Employer Address: _____ City: _____ State: _____ ZipCode: _____

Insurance Company Name: _____ Effective: _____ Policy#: _____

Insurance Address: _____ City: _____ State: _____ ZipCode: _____ Group#: _____

Is the patient cover by additional insurance? (circle one) No Yes If yes, complete below:

Policy Holder Last Name: _____ First Name: _____ M: _____

Relationship to Patient: _____ Policy Holder DOB: _____ SS#: _____

Home#: (_____) _____

Address: _____

Cell#: (_____) _____

City: _____ State: _____ ZipCode: _____

Policy Holder Employer: _____

Employer Address: _____ City: _____ State: _____ ZipCode: _____

Insurance Company Name: _____ Effective: _____ Policy#: _____

Insurance Address: _____ City: _____ State: _____ ZipCode: _____ Group#: _____

I authorize release of any information of this patient's to his/her referring doctor and his/her insurance company, third party administrator, payors and other managed care entities who insure the patient. I hereby authorize payment to the physician of insurance benefits other wise payable to me.

Authorized Signature: _____ **Date:** _____

All professional services are render to and charged to the patient directly. The patient is responsible for all fees regardless of insurance coverage. The patient is solely responsible for HMO/POS referral requirements. Necessary forms will be completed by our office to expedite insurance carrier payment. We request payment for all services when they are rendered unless other arrangements have been made with our office staff.