REBECCA A. HAVEL DDS, SC

Please check the box with the location you are seeing Dr. Rebecca A. Havel DDS, SC.

Algoma ☐ Green Bay ☐

Complete All Entries

Patient Information

Patient Name(Last, First, MI):

D.O.B:

Sex: ☐ M ☐ F

Address:

City, State, ZIP:

Home Phone:

Cell Phone:

Marital Status: ☐ Single ☐ Married ☐ Other

Employer Information

Patient's Employer:

Employer's Address (City, State, ZIP):

Employer's Phone:

Insured/Responsible Party Information

Name (Last, First, MI):

D.O.B:

Employer:

Address (if diffrent from patient):

Home Phone:

Cell Phone:

Relationship To Patient: ✔ Spouse ☐ Parent ☐ Guardian

REBECCA A. HAVEL DDS, SC

Complete All Entries

Primary Insurance

Insurance Name:

Insurance Phone:

Address:

City, State, ZIP:

Group Number:

ID Number:

Employer Name:

Employer Phone:

Seconday Insurance

Insurance Name:

Insurance Phone:

Address:

City, State, ZIP:

Group Number:

ID Number:

Employer Name:

Employer Phone:

Doctor & Emergency Contact

Primary Doctor/Family Doctor:

Referring Doctor:

In Case of Emergency Contact:

Relationship:

Phone Number:

ASSIGNMENT AND RELEASE: I hereby authorize my insurance benefits be paid directly to the physician and I am financially responsible for non-covered services. I also authorize the physician to release any information required in the processing of this claim and all future claims. If my account is sent to a collection agency, I agree to pay all collection and attorney fees.

SIGNATURE (Patient. If minor, signature of parent or guardian

Date: