



**Howard C. Kotkin, D.D.S.**

Pediatric Dentistry

Permit No. 4071

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DocHowie.com

Do you have Dental Insurance?  Yes  No If no, skip to Section 2

**1. DENTAL INSURANCE INFORMATION**

|                   |  |                 |               |               |          |
|-------------------|--|-----------------|---------------|---------------|----------|
| SUBSCRIBER'S NAME |  | EMPLOYER'S NAME |               | DATE OF BIRTH |          |
| SOCIAL SECURITY # |  |                 | INSURANCE CO. |               |          |
| GROUP #           |  |                 | CARRIER ID #  |               |          |
| ADDRESS           |  | CITY            |               | STATE         | ZIP CODE |

Is patient covered by additional insurance?  Yes  No If no, skip to Assignment & Release

|                             |  |                 |               |               |          |
|-----------------------------|--|-----------------|---------------|---------------|----------|
| SECONDARY SUBSCRIBER'S NAME |  | EMPLOYER'S NAME |               | DATE OF BIRTH |          |
| SOCIAL SECURITY #           |  |                 | INSURANCE CO. |               |          |
| GROUP #                     |  |                 | CARRIER ID #  |               |          |
| ADDRESS                     |  | CITY            |               | STATE         | ZIP CODE |

RELATIONSHIP TO PATIENT

**ASSIGNMENT AND RELEASE**

I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorized the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

\_\_\_\_\_  
SIGNATURE DATE

**2. NO DENTAL INSURANCE**

I understand that I am financially responsible for all charges. I understand that all fees are due on the date of service.

\_\_\_\_\_  
SIGNATURE DATE