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Dental Insurance Information

Patient Name: _____ Birth Date: ____/____/____

Responsible Party: _____ Phone #: _____

Relationship to Patient: _____

This is the first time I have used this dental plan. YES NO

Primary Insurance

Subscriber Name: _____

Subscriber Address: _____

Subscriber Social Security #: _____ Birth Date: ____/____/____

Employer: _____

Insurance Company: _____

ID #: _____ Group #: _____

Secondary Insurance

Subscriber Name: _____

Subscriber Address: _____

Subscriber Social Security #: _____ Birth Date: ____/____/____

Employer: _____

Insurance Company: _____

ID #: _____ Group #: _____

Grant Ringler, DDS, PA & Associates
The Ultimate Dental Experience
www.opnwide.com
620-669-0835

INFORMATION REGARDING OUR PRACTICE

Appointments: We recognize and value your time. We will do our best to see you as promptly as possible. If there are any delays in your appointed time, our team will let you know right away. Arriving on time will allow us to complete your scheduled treatment and respect the time we have saved for you.

Our Guarantee of Comfort: You can expect to be comfortable from start to finish when you spend time in our office. The latest in dental technology and state of the art training allows us to make this guarantee with confidence. Your follow through with recommended preventive care will also help contribute to your dental treatment being both beneficial and pain free.

Reserving Your Appointment Time: The appointments you make with your hygienist and/or the doctors are appointment times reserved just for you. Because appointments of one hour or greater require advance planning and preparation, we ask that these appointments be reserved with your estimated portion paid in full at the time of your appointment.

Cancellations or Broken Appointments: **A nominal fee of \$65 for any hygiene appointment or short restorative appointment that you do not keep will be charged to your account.** Letting us know at least two working days in advance that you have had a change in your schedule will avoid this charge.

Dental Insurance: We are pleased to file the forms to your insurance carrier that document your visit and services rendered. Dental insurance is designed to assist with the financial aspect of receiving dental treatment. Every insurance plan is different and specific to you alone. We will do our best to see that you can utilize your benefits to their fullest and this relationship between you and your insurance carrier would be yours to manage. We cannot, however, guarantee insurance payments. We will do our best to give you an estimate, but it is just an estimate.

Emergencies: Dental emergencies arise from time to time. When they do, please call our office immediately. Your health and comfort is very important to us.

Patient Signature: _____ Date: _____