GORDON L. BARKLEY III, D.M.D., M.S. ENDODONTIC SPECIALISTS, P.C.

PRACTICE LIMITED TO ENDODONTICS

GORDON L. BARKLEY III, D.M.D., M.S.
DARMON D. KUNTZ, D.D.S.

6901 N. Knoxville Avenue
Suite 100
Peoria, Illinois 61614
Phone 691-3230 - Fax 691-3250

NAME _____ DATE OF BIRTH _____ HOME PHONE _____

APPOINTMENT DATE _____ APPOINTMENT TIME _____ AREA OR TOOTH NO. _____

DIAGNOSIS
- ❑ CARIOUS EXPOSURE
- ❑ PERIAPICAL PATHOSIS
- ❑ RETURN FOR RESTORATIVE REASONS
- ❑ RETREATMENT REQUIRED

AFTER TREATMENT
- ❑ TEMPORARY ONLY
- ❑ POST SPACE
- ❑ BUILD UP FOR CROWN
- ❑ PERMANENT RESTORATION OF PERMANENT CROWN

COMMENTS _____

REFERRED BY _____

PATIENTS WITH DENTAL INSURANCE:
DENTAL INSURANCE IS A CONTRACT BETWEEN THE INSURED (PATIENT) AND THE INSURANCE COMPANY. WE ARE NOT INVOLVED IN THAT CONTRACT. AS A SERVICE TO YOU, WE WILL COMPLETE AND SUBMIT THE CLAIM TO YOUR INSURANCE COMPANY. YOUR CO-PAYMENT, WHICH IS AN ESTIMATED PORTION OF THE TOTAL FEE, IS DUE AT THE TIME OF TREATMENT. THE PATIENT IS RESPONSIBLE FOR ANY BALANCE DUE AFTER THE CLAIM HAS BEEN PAID BY THE INSURANCE COMPANY.

TO SUBMIT YOUR INSURANCE CLAIM WE NEED:
1. INSURED'S DENTAL INSURANCE CARD.
2. INSURED'S INSURANCE IDENTIFICATION NUMBER.
3. INSURED'S DATE OF BIRTH.

PATIENTS WITHOUT DENTAL INSURANCE:
FULL PAYMENT IS DUE AT THE TIME OF THE TREATMENT.