

# Volki Felahy, DDS

www.sunsetoakdental.com

2161 Sunset Blvd.#300 • Rocklin, CA 95765

(916)435-5111

## Insurance and Financial Information

Insurance Coverage

**Name of Insured:** \_\_\_\_\_  
Last First MI

**Insured's Birth Date:** \_\_\_\_\_ **ID #:** \_\_\_\_\_ **Group #:** \_\_\_\_\_

**Insured's Address:** \_\_\_\_\_  
Address 1 Address 2  
\_\_\_\_\_  
City State Zip Code

**Insured's Employer Name:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_  
Address 1 Address 2  
\_\_\_\_\_  
City State Zip Code

**Patient's relationship to insured:**  Self  Spouse  Child  Other

**Insurance Plan Name:** \_\_\_\_\_

**Insurance Address:** \_\_\_\_\_  
Address 1 Address 2  
\_\_\_\_\_  
City State Zip Code

**Insurance Phone Number** \_\_\_\_\_

Secondary Coverage

**Name of Insured:** \_\_\_\_\_  
Last First MI

**Insured's Birth Date:** \_\_\_\_\_ **ID #:** \_\_\_\_\_ **Group #:** \_\_\_\_\_

**Insured's Address:** \_\_\_\_\_  
Address 1 Address 2  
\_\_\_\_\_  
City State Zip Code

**Insured's Employer Name:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_  
Address 1 Address 2  
\_\_\_\_\_  
City State Zip Code

**Patient's relationship to insured:**  Self  Spouse  Child  Other

**Insurance Plan Name:** \_\_\_\_\_

**Insurance Address:** \_\_\_\_\_  
Address 1 Address 2  
\_\_\_\_\_  
City State Zip Code

**Assignment and Release**

I hereby authorize my insurance benefits to be paid directly to the dentist. I am financially responsible for any balances due and authorize the dentist to release any information for this claim. I authorize that my records can be used by the doctor if he so determines. In consideration of the services rendered to me by this dental office, I am obligated to pay said office in accordance with its credit terms and policy.

I consent to taking of videotapes, photographs, and x-rays, before, during, and after treatment, and to use the same by the doctor in scientific papers or demonstrations.

I certify that I have read or had read to me the contents of this form and do realize the risks and limitations involved.

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**SIGNATURE - Patient/Guardian**

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**WITNESS SIGNATURE**

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**Both forms below may be downloaded on Dr. Felahy's website.**

**Here is the link to Dental Material Fact Sheet please copy and past in your address bar**

**<http://sunsetoakdental.com/forms/DentalMaterialsFactSheet.pdf>**

**I have received a copy of the Dental Board of California's Dental Materials Fact Sheet.**  Yes  No

**Here is the Link to Our Notice Of Privacy Practice please copy and paste into your address bar**

**<http://sunsetoakdental.com/forms/DentalMaterialsFactSheet.pdf>**

**I have recieved a copy of Notice Of Privacy Practice.**  Yes  No

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**Response Date:** \_\_\_\_\_