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MANKATO OFFICE
212 Star Street • Mankato, MN 56001 • (507)387-4078

NEW ULM OFFICE
26 N. Broadway • New Ulm, MN 56073 • (507)354-8943

Date: ______________________________

Account #: ____

Child(ren) name:____

At this time, I understand that Pediatric and Adolescent Dentistry will file UCare, Blue Plus and Medica for my child, age 4 and under. Once my child turns 5, I am aware Pediatric and Adolescent Dentistry will no longer file these insurance programs. At that time, I understand that I am responsible for any charges incurred for dental services rendered and I agree to pay the full amount due at the time of service.

Pediatric and Adolescent Dentistry does not file PrimeWest and, therefore, will not be submitting an insurance claim to them for my child.

If my child(ren) has a primary insurance, I am aware once they turn age 5, I am responsible for any charges incurred for dental services rendered and agree to pay the full amount due after my primary insurance has paid.

At any time I may choose to go to an in-network provider, Pediatric and Adolescent Dentistry will forward on current x-rays upon completion of a signed release form.

Signed: ____

Printed name: ____

Relationship: ____