



PEDIATRIC & ADOLESCENT
DENTISTRY

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Date: _____

Account #: _____

Child(ren) name: _____

At this time, Pediatric and Adolescent Dentistry is not filing UCare and Blue Plus plans for new patients. These plans are filed only for children age 4 and under who are *referred by a provider for a consultation and treatment*. My children may be seen at Pediatric and Adolescent Dentistry however, 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 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 current records upon completion of a signed release form.

Signed: _____

Printed name: _____

Relationship: _____