MEDICAL/DENTAL HISTORY HEALTH FORMS

Marshall Lynn Wallace, DMD, MHS
Practice Limited to Periodontics
Diplomate of the American Board of Periodontology
3 Professional Court Sumter, S.C. 29150
Phone: 803-469-9461 Fax: 803-469-9023

Please Print

Name: First, Middle, Last	Race	Sex	Birthdate	Marital Status & Name of Spouse if Married

Address: City, State, Zipcode	Social Sec. Number

Home/Cell Phone	Work Phone	Place of Employment & Address

Name, relationship & phone number of person to contact in case of an emergency:

Email

WE ARE AN <u>OUT OF NETWORK</u> DENTAL OFFICE meaning we are not a participating provider with any insurance company. As a courtesy to our patients, we will gladly process your insurance claim. Please be aware that some or perhaps all of the services provided may be non-covered services by your insurance. We cannot guarantee what your insurance company will pay. If payment for services already rendered has not been paid within 45 days by your insurance company, the remaining balance for treatment is considered due and collectible and you will be asked to make payment in full.

DENTAL INSURANCE INFORMATION

Primary Insurance Co. Name & Address	Subscriber Social Sec. Number
Subscriber's Name & Date of Birth	Patient's Relationship to Subscriber (Circle one) SELF SPOUSE CHILD
Group or Company Name	Group Number
Secondary Insurance Co. Name & Address	Subscriber Social Sec. Number
Subscriber Name & Date of Birth	Patient's Relationship to Subscriber (Circle one) SELF SPOUSE CHILD
Group or Company Name	Group Number