

# Manteca Dental Care

**Rick Van Tran DDS & Associates**

521 East Center Street

Manteca, CA 95336

(209) 823-9218 (office) · (209) 823-1134 (fax)

www.mantecadentistry.com

## Insurance Information/Información de Seguro

\*\*Please fill out information about the insured/Complete la información de la persona que tiene la aseguranza\*\*

### **Secondary Insurance/Seguro Secundario**

Name/Nombre: \_\_\_\_\_  
Last/APELLIDO      First/NOMBRE      Middle/INICIAL      Birthdate/Fecha de Nacimiento

Address/Dirección: \_\_\_\_\_  
Street/Calle      City/Ciudad      Zip/Código Postal

Employer Name | Nombre De Empleador      SS# | No. de Seguro Social      Telephone/Telefono

Relation to Patient/Relación al paciente:  Self/Mismo     Spouse/Esposo(a)     Child/Niño(a)     Other/Otro

Name of insurance plan/Nombre de Seguro \_\_\_\_\_  
Group# | No. de Grupo

Address/Dirección: \_\_\_\_\_  
Street/Calle      City/Ciudad      Zip/Código Postal

## Assignment of Benefits and Release for Payment

I certify that I, and/or my dependent(s), have insurance coverage with the above insurance company and assign directly to Dr. Rick Van Tran, DDS all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I authorize the use of my signature on all insurance submissions. Dr. Rick Van Tran may use my health care information and may disclose such information to the above-named Insurance Company(ies) and their agents for the purpose of obtaining payment for services and determining insurance benefits or the benefits payable for related services.

I acknowledge that the information entered is true and correct to the best of my knowledge. I agree to its content.  
Que yo sepa, he respondido completamente y correctamente todas las preguntas.

Date/Fecha: \_\_\_\_\_

Signature of Patient, Parent or Guardian  
Firma del Paciente, Padre, o Guardian