Dr. Adam Christman MS DDS MSD

15321 San Pedro Avenue, Suite 103
San Antonio, TX 78232

Welcome!

Thank you for selecting our South Texas Periodontal Associates healthcare team! We strive to provide you with the best possible dental care. To help us meet all your needs, please fill out this form as completely as possible. This information is required in order for our office to file claims with your dental benefit provider. If you have any questions or need assistance, please ask! We will be happy to help.

Name of Insured: ____ DOB:_____________________

Is Patient a Full Time Student? **Y N** School: ______________________ City: __________________

Insured Mailing Address: ____

City, State, Zip: ____

Relationship to Patient: ______________________________ SSN: ___________________________

Date Employed: _______________ Name of Employer: ____________________________________

Union or Local #: ___________________________ Work Phone: ____________________________

Employer Mailing Address: ____

City, State, Zip: ____

Insurance Company: ____

Group #: _____________________________ Policy ID #: __________________________________

Insurance Company Mailing Address: ____

City, State, Zip: ____

I HEREBY AUTHORIZE PAYMENT DIRECTLY TO THE ABOVE NAMED DENTISTS OF THE GROUP INSURANCE BENEFITS OTHERWISE PAYABLE TO ME. I AUTHORIZE RELEASE OF ANY INFORMATION RELATING TO THIS CLAIM.

Signature of Insured: _____________________________________ Date: ______________