

IF ANY OF THE FOLLOWING HAS CHANGED SINCE YOUR LAST STATEMENT, PLEASE INDICATE . . .

**ABOUT YOU:**

YOUR NAME (Last, First, Middle Initial)			
ADDRESS			
CITY	STATE	ZIP	
TELEPHONE ( )	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
EMPLOYER'S NAME	TELEPHONE ( )		
EMPLOYER'S ADDRESS	CITY	STATE	ZIP

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**ABOUT YOUR INSURANCE:**

YOUR PRIMARY INSURANCE COMPANY'S NAME		EFFECTIVE DATE
PRIMARY INSURANCE COMPANY'S ADDRESS		PHONE
CITY	STATE	ZIP
POLICYHOLDER'S ID NUMBER		GROUP PLAN NUMBER
YOUR SECONDARY INSURANCE COMPANY'S NAME		EFFECTIVE DATE
SECONDARY INSURANCE COMPANY'S ADDRESS		PHONE
CITY	STATE	ZIP
POLICYHOLDER'S ID NUMBER		GROUP PLAN NUMBER

**General Dentists**

Brian Evensen, D.D.S.  
Sandy Fenske, D.D.S.  
Gary Hildebrandt, D.D.S., M.S.  
Brian Jordan, D.D.S.  
Eric Mills, D.M.D.  
Kevin Nakagaki, D.D.S.  
Hugh Norsted, D.D.S.  
Janet Parsons, D.D.S.  
Andrew Liu, D.D.S.

**Oral Surgery**

Michael Sutley, D.D.S.

**Orthodontics**

Karen Reese, D.D.S., M.S.

**Pediatric Dentist**

Darcy Rindelaub, D.D.S., M.S.

**Endodontist**

Melissa Chapman, D.D.S., M.S.

**Prosthodontics**

John Gerstner, D.D.S.

**Periodontist**

David Klump, D.D.S., M.S.

**Address:**

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[wecare@valleydental.com](mailto:wecare@valleydental.com)



**REGARDING THE AMOUNT DUE ON THIS STATEMENT**

1. If you have made prior arrangements with our credit department for a special payment plan, please pay as previously agreed. This statement is only to inform you of the status of your account.
2. If you have not made special arrangements, this amount is due upon receipt.
3. If you have insurance the above two policies apply to that portion not covered by insurance.

**A late payment charge of 1.5% per month (18% per annum) will be added to charges more than 60 days overdue.**  
**Checks returned to us for non-payment are subject to a service charge of \$20.00.**

**IF YOU HAVE INSURANCE**

Insurance is designed to reimburse the policyholder for a loss and is a contract between the policyholder and the company. In the event your company is slow to pay or for some reason disallows the claim, payment of the account is your responsibility.

**VALLEY DENTAL GROUP**