

# CUSPIDS INC.

## FINANCIAL ARRANGEMENTS

Date: \_\_\_\_\_

I read and fully understand that Cuspids, Inc. is a fee-for-service dental practice.  
Each visit, I intend to settle my account in full using:  
(Check all that apply)

Cash \_\_\_\_\_ Check \_\_\_\_\_ Money Order \_\_\_\_\_ Certified Check \_\_\_\_\_  
VISA \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express \_\_\_\_\_ Debt Card \_\_\_\_\_  
Care Credit \_\_\_\_\_ Capital One \_\_\_\_\_ Citi Health Card \_\_\_\_\_ Chase Health Advance \_\_\_\_\_

Name Print: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## INSURANCE CLAIM VERIFICATION

I \_\_\_\_\_ give CUSPIDS INC. and Dr. Louis A. Hassell permission to receive any insurance and or claim information pertaining to any dates of service in which I was seen in Dr. Louis A. Hassell office. This information should be provided for insurance providers in network or out of network with CUSPIDS INC. NPI: 1275708828  
TIN: 57-0923876

SSN: \_\_\_\_\_

Insurance ID No.: \_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date