

Insurance Information

All insurance information must be completely filled out or insurance will not be submitted and you will be responsible for payment in full. If any information is incorrect or not completely filled out and your claim is denied, you will be responsible for submitting your own claim and full payment will be due. We need medical insurance cards regardless of whether or not we are in network with them or not. As we will be submitting claims on your behalf, please be on the lookout for anything your insurance company sends in the mail as some of these are time sensitive.

Primary Policy Holders Information

Last: _____ First: _____ MI _____
Birth Date: ____/____/____ SS# ____ - ____ - ____ Sex: _____ Age: _____ Street
Address: _____ City: _____ State: _____ Zip: _____ Home
phone: () _____ - _____ Work phone: () _____ - _____
Employer name: _____
Street Address: _____ City: _____ State: _____ Zip: _____

#1 Primary Dental Insurance info:

Insurance Company Name: _____
Address to Submit Claims: _____ City: _____ State: _____ Zip: _____
Ins. Co. Phone #: () _____ - _____ Member ID #: _____ and/or Group# _____

#1 Primary Medical Insurance info:

Insurance Company Name: _____
Address to Submit Claims: _____ City: _____ State: _____ Zip: _____
Ins. Co. Phone #: () _____ - _____ Member ID #: _____ and/or Group# _____

Secondary Policy Holders Information

Last _____ First _____ MI _____
Birth Date ____/____/____ SS# ____ - ____ - ____ Sex: _____ Age: _____ Street
Address: _____ City: _____ State: _____ Zip: _____ Home
Phone: () _____ - _____ Work phone: () _____ - _____
Employer name: _____
Street Address: _____ City: _____ State: _____ Zip: _____

#2 Secondary Dental Insurance info:

Insurance Company Name: _____
Address to Submit Claims: _____ City: _____ State: _____ Zip: _____
Ins. Co. Phone #: () _____ - _____ Member ID #: _____ and/or Group# _____

#2 Secondary Medical Insurance info:

Insurance Company Name: _____
Address to Submit Claims: _____ City: _____ State: _____ Zip: _____
Ins. Co. Phone#: () _____ - _____ Member ID #: _____ and/or Group# _____