OAK HARBOR
Dental

Cassim Ahmed DDS and Nivine Dughayli DDS, LLC.
11707 West State Route 163 Oak Harbor, Ohio 43449
419.898.6633

Patient and Insurance Information

Patient Information
First Name:_____Last Name:_____DOB:_____
How did you hear about us? _____
(if person, please state their name.)

Responsible Party Information (If above patient is a minor under the age of 18)
First Name:_____Last Name:_____
Relationship to patient:_____

☐ Check if you do not have dental insurance, you do not have to fill out information below.

Primary Dental Insurance Information
Insurance Policy Holder Name:_____DOB_____
Identification Number:_____Group Number:_____
Social Security Number:_____Ins. Phone#_____
Employer:_____

Secondary Dental Insurance Information (if applicable)
Insurance Policy Holder Name:_____DOB_____
Identification Number:_____Group Number:_____
Social Security Number:_____Ins. Phone#_____
Employer:_____

Please let us know prior to appointments if any insurance changes have occurred. It may affect your estimated out of pocket for all procedures.