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INSURANCE INFORMATION

Please read the following and fill in the form so that we can submit your insurance claim on your behalf.

Insurance claims are not guarantees of payment. Insurance payment is contingent upon your insurance eligibility on the date of service and upon your particular contract with your insurance company.

Authorization

I hereby authorize Wellesley Endodontics, P.C. to bill and process all claims to my insurance company on my behalf. I authorize the release of any information needed to process this claim.

I understand that an insurance claim is not a guarantee of payment. I understand that I am ultimately responsible for all services rendered.

Insurance Information

Insurance Company:

Patient Name:

Subscriber's Name:

Subscribers Date of Birth:

Subscriber ID # or Social Security #:

Group Number:

Subscriber's Employer:

Patient, Parent or Guardian Signature

Date