

SOUTH HILLS ORTHODONTICS

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DENTAL INSURANCE

I / We have dental insurance Yes No

Name of **primary** dental insurance company _____

Insurance Address _____

Insurance Phone (_____) _____ - _____

Name of Subscriber _____ DOB _____

Subscriber's social security number/identification number _____

Group Number _____

Do you have insurance with more than one company? Yes No

Name of **secondary** dental insurance company _____

Insurance Address _____

Insurance Phone (_____) _____ - _____

Name of Subscriber _____ DOB _____

Subscriber's social security number/identification number _____

Group Number _____