

INSURANCE INFORMATION

MINOR CHILD-MAY NEED TO COMPLETE BOTH BLOCKS FOR PARENT INFORMATION
ADULTS-COMPLETE PRIMARY INSURED
DUAL COVERAGE? ALSO COMPLETE SECONDARY INSURED

PRIMARY INSURED

LAST _____ FIRST _____ MIDDLE _____

STREET _____ CITY _____ STATE _____ ZIP _____

HOME # _____ WORK # _____ FAX _____ EMAIL _____

BIRTHDATE (MO/DAY/YR) _____ RELATIONSHIP TO PATIENT _____

EMPLOYER _____ DENTAL INS. CO. _____

SS# _____ SUBSCRIBER _____ GROUP # _____

SECONDARY INSURED

LAST _____ FIRST _____ MIDDLE _____

STREET _____ CITY _____ STATE _____ ZIP _____

HOME # _____ WORK # _____ FAX _____ EMAIL _____

BIRTHDATE (MO/DAY/YR) _____ RELATIONSHIP TO PATIENT _____

EMPLOYER _____ DENTAL INS. CO. _____

SS# _____ SUBSCRIBER _____ GROUP # _____

Although we do submit insurance forms as a courtesy to you, keep in mind it is your insurance company and all responsibility during negotiations lie with you, the contract holder.