

Dental Insurance Information

As a courtesy, if you have dental insurance that will accept claims electronically, we will be happy to submit your claim for you. Payment will be due at the time of service and your insurance will reimburse you directly. It is your responsibility to follow up with your insurance regarding outstanding claims. All information below and a copy of your insurance card need to be provided in order for us to submit your claim.

Name of Dental Carrier: _____

Name of Subscriber: _____

Subscriber's Birth Date: _____

Patient's Name(s): _____

ID# _____

Group # _____

Payer ID _____

Subscriber's Address: _____
Street City Zip Code

Subscriber's Employer Name: _____
Address: _____
Street City Zip Code

Patient's relationship to subscriber: Self Spouse Child
Other _____

Insurance Plan Address: _____

Insurance Plan Phone Number: _____