



We are more than happy to provide you with the courtesy of filing your dental insurance claims for your reimbursement although we are not in-network with your insurance carrier. In order to do so, the following information is required. Thank you for your detailed attention to this information. Please be aware that your insurance card may not contain all this information and you may need to contact your human resources department or insurance carrier to obtain additional information.

INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION

1. Policy Holder/Subscriber's Full Name
2. Policy Holder/Subscriber's SS# or Member ID #:
3. Policy Holder/Subscriber's Date of Birth:
4. Insurance Company Name:
5. Policy Holder/Subscriber's Employer
6. Copy of front and back of insurance card is possible:

Signature: _____ (Patient) Date: _____