

Insurance Information

Preferred Method of Payment:

Cash

Must be paid at the Time of Service

Check

Credit

For Credit Card—Fill out the enclosed authorization form

Care Credit

See us for Information

Insurance Information:

Primary Insurance Company

Please VERIFY this is your DENTAL policy with all the CORRECT information. Insurance companies have 30 days to process the claim, any delays caused by inaccurate or incomplete information below will prompt us to charge you for immediate full payment.

Insurance Carrier: _____

Claims Address: _____

City

State

Zipcode

Telephone Number: () _____ - _____

Group ID Number: _____

Plan Number: _____

Insured Number: _____

Insured Name: _____

Relation: _____

Social Security Number: _____ / _____ / _____

Date of Birth: _____ / _____ / _____

Employer: _____

Check here if you have dual insurance.

See us, we will need complete information.

