

Dear Patient,

We are happy to assist you in the filing of your dental claim forms. In order to do this, we are required to provide your insurance carrier with the following information.

We can process most dental claims electronically. Whether a claim can be processed electronically depends on the insurance carrier.

If you prefer not to provide this information or if you prefer to handle this yourself, we will provide you with a universal claim form. You may attach that form to your completed dental claim form for reimbursement.

In many cases the patient and the insured are the same person. If that is true for you, it is not necessary to repeat the information. Just provide us with the patient information. Thank you.

Primary insurance plan information:

Patient's Name: _____

Insured's Name: _____

Relationship to the insured: Self / Spouse / Child / Other: _____

Insured's Social Security #: _____ **Date of Birth:** _____

Subscriber ID #: _____

Patient's Social Security # _____ **Date of Birth:** _____

Employer/Company Name: _____

Employer Plan # / Policy # / Group# _____

Union Local: _____ **Union Name:** _____

Insurance Co. Name: _____

Insurance Carrier Mailing Address: _____

I authorize the release of any information relating to this claim:

Patient Signature: _____ **Date:** _____

We do not accept assignment of dental benefits. Your insurance carrier will reimburse you directly based on the plan purchased by your employer. These days the coverage allowed varies widely. It is impossible for us to know what each individual plan allows. If you have any questions please review your benefits booklet or contact your human resources department.

If you have additional insurance, we will need the same information for that plan.