

PATIENT INSURANCE DATA FORM

PLEASE PRINT

NAME - _____ DATE OF BIRTH - _____

SOCIAL SECURITY NUMBER - _____

EMPLOYER - _____ OCCUPATION - _____

EMPLOYER'S ADDRESS - _____

DENTAL INSURANCE CARRIER (PRIMARY - YOUR INSURANCE)

INSURANCE COMPANY & POLICY NAME - _____

GROUP NUMBER - _____ EMPLOYEE ID NUMBER - _____

ADDRESS - _____

PHONE NUMBER - _____

DENTAL INSURANCE CARRIER (SECONDARY - YOUR SPOUSE'S INSURANCE)

INSURANCE COMPANY & POLICY NAME - _____

GROUP NUMBER - _____ EMPLOYEE ID NUMBER - _____

ADDRESS - _____

PHONE NUMBER - _____

N.B. - In most cases your dental insurance will cover a portion of the expense for dental treatment. This is because of yearly deductibles, limitations on yearly benefits and insurance companies' individual fee schedules. Insurance companies have many different dental insurance policies and vary with respect to covered expenses and fee allocations.