

Dental Insurance Information **None**

*We are pleased to help you in receiving and maximizing your dental insurance benefits. We promise to do our best to provide you with the finest care available which, unfortunately, may not always match your insurance company's coverage. Rest assured that our treatment would always be for the patient's best interest. Please take a few minutes to fill out this **confidential** form as best as you can.*

Patient's name _____ Date of Birth _____

Who has the insurance? _____ Relationship to insured _____

Insured SS # _____

Insured Date of Birth _____

Insured Employer _____ Insured ID# _____

Group # _____

Insurance Company Name _____

Insurance Company Address _____
Street City State Zip

Date Insurance Became Effective? _____

Who (in your account) is Covered? _____

If you have a Secondary or Dual Insurance please inform our front desk

Remember, dental insurance is a patient's benefit to help with some of the costs of dental care. We will help you in receiving and maximizing **your** benefits, but insurance does not dictate treatment. We will diagnose and treatment plan only in the best interests of each patient. The cost for dental care is a patient's responsibility and overdue balances with our office will be assessed Finance Charges of 1.5% monthly with a minimum of \$4.00.

Signed

Date