



Name: _____

Do you have dental insurance? Yes / No

If you have a card please submit a copy of the front and back.

Subscriber name: _____

Subscriber date of birth: _____

Relationship to subscriber: Self / Spouse / Child

Subscriber Employer: _____

Dental insurance company: _____

If Delta which one? There are 39 different Delta's

Subscriber ID#: _____

If there is no subscriber # on your card we will need the subscribers SS#. Some dental insurance policies use your SS# as your ID#.

As a courtesy to you, we will submit any claims to your insurance company

Payments and Copayments are due at time of service

A note about insurance:

Keep in mind that all insurance policies are different and that ultimately, it is your responsibility to know the details of your plan. Each dental insurance carrier varies from employer to employer and often there are multiple coverage choices. Insurance can be confusing. Please be patient as we help you resolve any insurance issues. If you have questions, billing concerns, or need help understanding your insurance policy please ask us. If we don't know the answer we will do our best to find it!

Signature: _____ Date: _____