



## DENTAL INSURANCE INFORMATION

| DOB:

### Primary Insurance Information

Created at: 11/22/2022 4:07:24 PM

|   |  |
|---|--|
| Do you have a dental insurance?                 |  |
| Would you like to upload insurance card photo?  |  |
| Patient's relationship to the Insurance Holder  |  |
| Policy Holder's Name                            |  |
| Policy Holder's Date of Birth                   |  |
| Policy Holder's SSN                             |  |
| Policy Holder's Address                         |  |
| Policy Holder's City                            |  |
| Policy Holder's State                           |  |
| Policy Holder's ZIP                             |  |
| Policy Holder's Phone Number                    |  |
| Policy Holder's Employer                        |  |
| Dental Insurance Company                        |  |
| ID Number                                       |  |
| Group Number                                    |  |
| Phone number on the back of your insurance card |  |
| Address on the back of your insurance card      |  |

### Secondary Insurance Information

|  |  |
|--|--|
| Do you have a secondary dental insurance?  |  |
| That's all! If you would like to add secondary insurance, you need to provide primary insurance first. |  |
| Would you like to upload insurance card photo?   |  |
| Patient's relationship to the Insurance Holder   |  |
| Policy Holder's Name   |  |
| Policy Holder's Date of Birth  |  |
| Policy Holder's SSN  |  |
| Policy Holder's Address  |  |
| Policy Holder's City   |  |
| Policy Holder's State  |  |
| Policy Holder's ZIP  |  |
| Policy Holder's Phone Number   |  |
| Policy Holder's Employer   |  |
| Dental Insurance Company   |  |
| ID Number  |  |
| Group Number   |  |

|   |  |
|---|--|
| Phone number on the back of your insurance card |  |
| Address on the back of your insurance card      |  |