

Primary Insurance

Dental Coverage Yes No

Insurance Company Name Insurance Phone Number

Insurance Address Group Number

Insured's Name Relation

Insured's Birthday Social Security Number or Member ID

Insured's Employer

Secondary Insurance

Dental Coverage Yes No

Insurance Company Name Insurance Phone Number

Insurance Address Group Number

Insured's Name Relation

Insured's Birthday Social Security Number or Member ID

Insured's Employer

I understand that I am responsible for payment of services rendered and also responsible for paying any copayment and deductibles that my insurance does not cover. I understand that payment is collected at time of service unless alternate financial arrangements have been made.

Signature

Date



We are pleased to offer CareCredit to manage your dental expenses! CareCredit offers zero interest financing and can be a great way to make your dental treatment more affordable!