



Policy Holders Primary Dental Insurance Information

\*\*\*We need your Dental Insurance information NOT your medical insurance information (they are different)\*\*\*

Are you covered under a dental insurance plan? \*

Yes  No

Is the patient the dental insurance policy holder? \*

Yes  No

Please attach a picture of your dental insurance card (if available)

Make sure the photo is in focus and not blurry.

Front of Dental Insurance Card

Drop files to attach, [Use Camera](#), or [browse](#)

Back of Dental Insurance Card

Drop files to attach, [Use Camera](#), or [browse](#)

Policy Holders First Name \*

Policy Holders Last Name \*

Policy Holders Birth Date \*

Policy Holders SSN# \*

Policy Holders Employer \*

Dental Insurance Carrier \*

Dental Insurance phone number \*

(located on back of your dental insurance card)

ID / Member # \*

Group # \*

Plan \*

## Policy Holders Secondary Dental Insurance Information

\*\*\*We need your Dental Insurance information NOT your medical insurance information (they are different)\*\*\*

Are you covered by a secondary dental insurance plan? \*

Yes  No

Is the patient the secondary dental insurance policy holder? \*

Yes  No

### Please attach a picture of your Secondary dental insurance card

(if available)

Make sure the photo is in focus and not blurry.

Front of Secondary Dental Insurance Card

Drop files to attach, [Use Camera](#), or [browse](#)

Back of Secondary Dental Insurance Card

Drop files to attach, [Use Camera](#), or [browse](#)

Policy Holders First Name \*

Policy Holders Last Name \*

Policy Holders Birth Date \*

Policy Holders SSN# \*

Policy Holders Employer \*

Dental Insurance Carrier \*

Dental Insurance phone number \*

(located on back of your dental insurance card)

ID / Member # \*

Group # \*

Plan \*