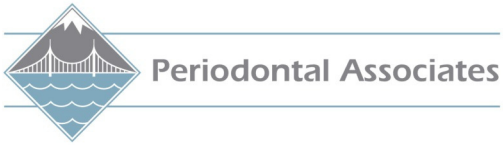

Policy Holders Primary Dental Insurance Information

***IF YOU DON'T HAVE ALL YOUR INSURANCE INFORMATION AVAILABLE, PLEASE FILL OUT AS MUCH AS YOU CAN ***

Are you covered under a dental insurance plan?

○ Yes ○ No

Is the patient the dental insurance policy holder?

○ Yes ○ No

Policy Holders First Name

Policy Holders Last Name

Policy Holders Birth Date

Policy Holders SSN#

Dental Insurance Carrier

Dental Insurance phone number

(located on back of your dental insurance card)

ID / Member #

Group #

Plan