



DENTAL INSURANCE INFORMATION

| DOB:

Created at: **08/05/2022 11:03:32 AM**

Primary Insurance Information

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|---|--|
| 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

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|--|--|
| 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 | |