INSURANCE AND ACCOUNT HOLDER INFORMATION

NO. 1 ACCOUNT AND INSURANCE HOLDER INFORMATION - Person Responsible for Patient

Last Name_______________ First_______________ Middle_______________ Mr. Mrs. Miss Ms.

Mailing Address_______________ City_______________ State__________ Zip__________

Home Phone No. (___)_______________ Work Phone No.(___)_______________ Birthdate__________

Social Security No._______________ Driver's License No._______________

Employer_______________ City_______________ State__________ Zip__________

Insurance Co. No. 1_______________

Address Ins. No. 1_______________ City_______________ State__________ Zip__________

Phone No. Ins. Co. No. 1 (___)_______________ Policy Holder_______________

Group/Policy No._______________ Deductible Amount $__________ Maximum Benefits $__________

NO. 2 ACCOUNT AND INSURANCE HOLDER INFORMATION - Person Responsible for Patient

Last Name_______________ First_______________ Middle_______________ Mr. Mrs. Miss Ms.

Mailing Address_______________ City_______________ State__________ Zip__________

Home Phone No. (___)_______________ Work Phone No.(___)_______________ Birthdate__________

Social Security No._______________ Driver's License No._______________

Employer_______________ City_______________ State__________ Zip__________

Insurance Co. No. 2_______________

Address Ins. No. 2_______________ City_______________ State__________ Zip__________

Phone No. Ins. Co. No. 2 (___)_______________ Policy Holder_______________

Group/Policy No._______________ Deductible Amount $__________ Maximum Benefits $__________

IF A THIRD INSURANCE POLICY NUMBER IS APPLICABLE, PLEASE NOTIFY US

I hereby authorize the release of any information including the diagnosis and the records of any treatment or examinations rendered to my insurance company or companies. This release is solely for the purpose of facilitating the billing and reimbursment, directly to the dentist, of insurance benefits under which I am entitled.

Signature of Patient_______________

Signature of Insurance Holder No. 1_______________

Signature of Insurance Holder No. 2_______________