

# Dental Insurance Information

Today's Date: \_\_\_\_\_

Account #: \_\_\_\_\_

Appointment Date: \_\_\_\_\_

## Primary Insurance Information

Subscriber Name: \_\_\_\_\_ Sex: \_\_\_\_\_  
(M) or (F) DOB: \_\_\_\_\_

Employer: \_\_\_\_\_ Group #: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Alternate ID #: \_\_\_\_\_  
(not group #)

Name of Insurance Co: \_\_\_\_\_

Address of Insurance Co: \_\_\_\_\_

Phone # of Insurance Co: \_\_\_\_\_

Who in the family is covered under this plan:

\_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

Are any of the above full-time college students? Y / N

If yes: Name of dependent and college: \_\_\_\_\_

## Secondary Insurance information

Subscriber Name: \_\_\_\_\_ (M) or (F) DOB: \_\_\_\_\_

Employer: \_\_\_\_\_ Group #: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Alternate ID #: \_\_\_\_\_  
(not group #)

Name of Insurance Co: \_\_\_\_\_

Address of Insurance Co: \_\_\_\_\_

Phone # of Insurance Co: \_\_\_\_\_

\*Please attach copy of card

\*\*Alternate ID number may not always be applicable. Insurance companies are starting to get away from social security numbers and changing to Alternate ID numbers.