

Name _____ Date _____

DENTAL INSURANCE

WE PARTICIPATE IN THE FOLLOWING INSURANCE PPO'S

DELTA DENTAL PPO, METLIFE PPO, HUMANA PPO, CIGNA PPO, AETNA PPO

IN ORDER TO BETTER SERVE YOUR NEEDS, OUR OFFICE ACCEPTS ALL TRADITIONAL DENTAL INSURANCE PLANS. WE STRIVE TO ASSIST YOU IN DEALING WITH YOUR INSURANCE PLAN AND WILL DO WHAT WE CAN TO HELP YOU UNDERSTAND YOUR POLICY.

WE ARE A BLUE CROSS BLUE SHIELD PROVIDER, BUT, PLEASE NOTE THAT WE DO NOT PARTICIPATE IN BLUE CROSS PREFERRED CARE.

DO YOU HAVE DENTAL INSURANCE? _____

IS YOUR INSURANCE THROUGH YOUR EMPLOYER? _____

IS YOUR INSURANCE THROUGH YOUR SPOUSE'S EMPLOYER? _____

DO YOU HAVE PRIVATE PAY INSURANCE? _____

DO YOU HAVE DENTAL INSURANCE THROUGH BOTH YOURSELF AND YOUR SPOUSE'S EMPLOYER? _____

DO YOU HAVE DENTAL INSURANCE THROUGH A PARENT? _____

IF INSURANCE IS THROUGH YOUR EMPLOYER OR PRIVATE PAY

NAME OF YOUR EMPLOYER _____

NAME OF INS COMPANY _____ YOUR ID# _____

YOUR DATE OF BIRTH _____ YOUR SS# _____

IF PRIMARY OR SECONDARY INSURANCE IS THROUGH SPOUSE--

NAME OF SPOUSE _____

SPOUSE'S EMPLOYER _____

NAME OF INS. COMPANY _____

SPOUSE DATE OF BIRTH _____ SPOUSE SS# _____

IF INSURANCE IS THROUGH A PARENT--

NAME OF INSURED PARENT _____

NAME PARENT'S EMPLOYER _____

NAME OF INS. COMPANY _____

PARENT ID # _____ PARENT DATE OF BIRTH _____