



ELECTRONIC DENTAL CLAIMS SUBMISSION

We can submit your dental claims and estimates electronically to your insurance company. All information is kept strictly confidential. Depending on your insurance company and if you arranged for direct deposit, you will be reimbursed either by cheque through the mail or directly deposited to your bank account. In most cases, you will receive immediate confirmation of your reimbursement amount.

To authorize us to send your dental claims/estimates electronically, please provide us with the following information:

PATIENT'S NAME: _____
BIRTHDATE: _____
Primary Policy Holder: _____
Primary Policy Holder's Birth Date: _____
Insurance Company: _____
Group or Policy Number: _____
Certificate or ID Number: _____

PATIENT AUTHORIZATION

I authorize Scarborough Dental Care, Dr. Solomon Siu, Dr. Solomon Siu Dentistry Professional Corporation and staff to submit my dental insurance claims electronically to my insurance company, and to release to my insurance company plan administrator any information contained in my claims or predeterminations to be submitted electronically, by fax or by mail.

Patient Name _____ Patient Signature _____

Parent/Guardian Name _____

Parent/Guardian Signature _____

DATE: _____