

A Smile by Design

Please provide the following information and we will be happy to check your Insurance benefits for you.

Insurance company: _____

Insurance phone: _____

Policy Holders Name: _____

Policy holders member ID or social security: _____

Policy Holders Date of Birth: _____

Patients name: _____

Patients Date of Birth: _____

We will be happy to check on your insurance benefits for you. However, this information is needed in order to verify your benefits. We understand not all insurance companies use social security numbers, but would need a member ID number that is usually located on the insurance card that you are provided.

Without this information, we will not be able to verify your benefits.

We assure you that this information will be disposed of properly to protect you and your privacy.

Thank you.