

## Insurance Information

Patient Name: \_\_\_\_\_ Date \_\_\_\_\_

### Dental Insurance-Primary Insurance Carrier

Employee Name \_\_\_\_\_

Employee Social Security # \_\_\_\_\_

\*Insurance Identification Number \_\_\_\_\_

Employee Date of Birth \_\_\_\_\_ Employer \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Insurance Address \_\_\_\_\_

Insurance Telephone # \_\_\_\_\_ Group# \_\_\_\_\_

### Dental Insurance- Secondary Insurance Carrier

Employee Name \_\_\_\_\_

Employee Social Security # \_\_\_\_\_

\*Insurance Identification # \_\_\_\_\_

Employee Date of Birth \_\_\_\_\_ Employer \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Insurance Address \_\_\_\_\_

Insurance Telephone# \_\_\_\_\_ Group # \_\_\_\_\_

\*Blue Cross Blue Shield and some other insurance companies require an Identification Number be used *instead* of Social Security numbers. Please check your insurance card to determine this.