



DENTAL INSURANCE INFORMATION

| DOB:

Primary Insurance Information

Created at: **07/30/2026 4:20:36 PM**

Do you have a dental insurance?	
Please upload a photo of your insurance card	
Patient's relationship to the Insurance Holder	
Policy Holder's Name	
Policy Holder's Date of Birth	
Policy Holder's SSN	
Policy Holder's Address	
Policy Holder's City	
Policy Holder's State	
Policy Holder's ZIP	
Policy Holder's Phone Number	
Policy Holder's Employer	
Dental Insurance Company	
ID Number	
Group Number	
Phone number on the back of your insurance card	
Address on the back of your insurance card	

Secondary Insurance Information

Do you have a secondary dental insurance?	
---	--

That's all! If you would like to add secondary insurance, you need to provide primary insurance first.

Please upload a photo of your insurance card	
Patient's relationship to the Insurance Holder	
Policy Holder's Name	
Policy Holder's Date of Birth	
Policy Holder's SSN	
Policy Holder's Address	
Policy Holder's City	
Policy Holder's State	
Policy Holder's ZIP	
Policy Holder's Phone Number	
Policy Holder's Employer	
Dental Insurance Company	

ID Number	
Group Number	
Phone number on the back of your insurance card	
Address on the back of your insurance card	