



\*\*\*We need your Dental Insurance information NOT your medical insurance information (they are different)\*\*\*

**Please note: We only take Medicaid for Children 0-18. WE DO NOT TAKE IT FOR ADULTS.**

Are you covered under a dental insurance plan? \*

Yes  No

Is the patient the dental insurance policy holder? \*

Yes  No

**Please attach a picture of your dental insurance card  
(if available)**

**Make sure the photo is in focus and not blurry.**

Front of Dental Insurance Card

Drop files to attach, [Use Camera](#), or [browse](#)

Back of Dental Insurance Card

Drop files to attach, [Use Camera](#), or [browse](#)

Policy Holders First Name \*

Policy Holders Last Name \*

Policy Holders Birth Date \*

Policy Holders SSN# \*

Policy Holders Employer \*

Dental Insurance Carrier \*

Dental Insurance phone number \*

(located on back of your dental insurance card)

ID / Member # \*

Group #

Plan

## Policy Holders Secondary Dental Insurance Information

\*\*\*We need your Dental Insurance information NOT your medical insurance information (they are different)\*\*\*

Are you covered by a secondary dental insurance plan? \*

Yes  No

Is the patient the secondary dental insurance policy holder? \*

Yes  No

**Please attach a picture of your Secondary dental insurance card  
(if available)**

**Make sure the photo is in focus and not blurry.**

Front of Secondary Dental Insurance Card

Drop files to attach, [Use Camera](#), or [browse](#)

Back of Secondary Dental Insurance Card

Drop files to attach, [Use Camera](#), or [browse](#)

Policy Holders First Name \*

Policy Holders Last Name \*

Policy Holders Birth Date \*

Policy Holders SSN# \*

Policy Holders Employer \*

Dental Insurance Carrier \*

Dental Insurance phone number \*

(located on back of your dental insurance card)

ID / Member # \*

Group #

Plan