

## EAST TAYLOR DENTAL, PC - INSURANCE REGISTRATION

### PRIMARY DENTAL INSURANCE INFORMATION:

Name of Insured: \_\_\_\_\_ Relationship to Insured:  Self  Spouse  Child  Other

Insured's Social Security # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Insured's Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Subscriber/Contract Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

### SECONDARY DENTAL INSURANCE INFORMATION:

Name of Insured: \_\_\_\_\_ Relationship to Insured:  Self  Spouse  Child  Other

Insured's Social Security # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Insured's Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Subscriber/Contract Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

### PRIMARY MEDICAL INSURANCE INFORMATION:

Name of Insured: \_\_\_\_\_ Relationship to Insured:  Self  Spouse  Child  Other

Insured's Social Security # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Insured's Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Subscriber/Contract Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

### SECONDARY MEDICAL INSURANCE INFORMATION: (Abbreviated)

Name of Insured: \_\_\_\_\_ Relationship to Insured:  Self  Spouse  Child  Other

Insured's Social Security # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Insured's Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

Subscriber/Contract Number: \_\_\_\_\_ Group #: \_\_\_\_\_ Do companies coordinate benefits?  Yes  No