

Dental Insurance Filing Form

Welcome to our practice. As a courtesy to our patients, we can file claims if you have the correct insurance information. If you have questions about coverage, please contact your insurance company for your out-of-network benefits. We are only in-network with one carrier, Delta Dental Premier. If you are able to provide us with correct dental insurance information and have questions about coverage for a procedure, we can file a pre-determination.

In order for us to file your insurance correctly, please provide the following information 24 hours prior to your appointment.

Primary Insurance information:

Dental Insurance Company: _____

Address: _____

Phone Number: _____

Subscriber/Policy Holder Name: _____

Date of Birth: _____

Employer: _____

ID #/SS#: _____

Group #: _____

Secondary Insurance Information:

Dental Insurance Company: _____

Address: _____

Phone Number: _____

Subscriber/Policy Holder Name: _____

Date of Birth: _____

Employer: _____

ID #/SS#: _____

Group #: _____

I have provided accurate dental insurance information and understand that my benefits are a contract between the subscriber/subscriber's employer and the insurance company; not Just Kidz Dentistry.

Signature: _____ Date: _____