

DENTISTRY BY DESIGN

Kiran Satashia D.M.D.

Jaclyn Wertheimer D.M.D.

DENTAL INSURANCE INFORMATION

PRIMARY

Name of Insured: _____ Is insured a patient Yes No
Last First M

Insured's Birth Date: _____ ID #: _____ Group: _____

Insured's Address: _____
Street City State Zip

Insured's Employer Name: _____

Address: _____
Street City State Zip

Patient's relationship to insured: Self Spouse Child Other _____

Insurance plan name and telephone #: _____

SECONDARY

Name of Insured: _____ Is insured a patient Yes No
Last First M

Insured's Birth Date: _____ ID #: _____ Group: _____

Insured's Address: _____
Street City State Zip

Insured's Employer Name: _____

Address: _____
Street City State Zip

Patient's relationship to insured: Self Spouse Child Other _____

Insurance plan name and telephone #: _____

MEDICAL INSURANCE INFORMATION

Name of Insured: _____ Is insured a patient Yes No
Last First M

Insured's Birth Date: _____ ID #: _____ Group: _____

Insured's Address: _____
Street City State Zip

Insured's Employer Name: _____

Address: _____
Street City State Zip

Patient's relationship to insured: Self Spouse Child Other _____

Insurance plan name and telephone #: _____