Doctors Morris & Taylor, Ltd.

Specialists in Orthodontics

5857 Trucker Street

Portsmouth VA 23703

1-800-397-7038

ORTHODONTIC INSURANCE INFORMATION

In order to assist you in determining your orthodontic insurance benefit, the following information is necessary:

Name of Patient:_____ Date of Birth: _____

Policyholder:_____Date of Birth: _____

Address: _____

Policyholder's SSN: _____Phone:_____

Policyholder's Employer: _____

Insurance Company: _____ Policy/Group #:_____

Address of Insurance Company: _____

Insurance Company Telephone: _____

Is patient covered under another plan? If so, please complete the following information:

Name of Patient:_____ Date of Birth: _____

Policyholder: _____ Date of Birth: _____

Address: _____

Policyholder's SSN: _____.Phone: _____

Policyholder's Employer: _____

Insurance Company: _____Policy/Group #:_____

Address of Insurance Company: _____

Insurance Company Telephone: _____

I hereby authorize release of any insurance information relating to this claim:

Signature: _____ Date: _____

I hereby authorize payment of insurance benefits directly to Doctors Morris & Taylor, Ltd:

Signature: _____ Date: _____

Please notify our office of any changes in your insurance policy as soon as possible