

Drs. Morris and Taylor, Ltd.

Specialists in Orthodontics

500 Rodman Avenue – Suite 6

Portsmouth, VA 23707

(757) 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: _____

Name of Insured: _____ Date of Birth: _____

Address: _____

Social Security #: _____ Telephone: _____

Employed by: _____

Insurance Company: _____ Policy/Group #: _____

Address of Insurance Company: _____

Insurance Company Telephone: _____

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

Name of Insured: _____ Date of Birth: _____

Address: _____

Social Security #: _____ Telephone: _____

Employed by: _____

Insurance Company: _____ Policy/Group #: _____

Address of Insurance Company: _____

Insurance Company Telephone: _____

I hereby authorize release of any information relating to this claim.

Signature

Date _____

I hereby authorize payment of insurance benefits directly to Drs. Morris and Taylor, Ltd.

Signature

Date _____

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