

# Wayland Family Dental Center

## Insurance Benefits Information



### Primary Insurance

Subscribers Name \_\_\_\_\_  
Last First Middle

Subscribers Date of Birth \_\_\_\_\_

Subscribers Employer \_\_\_\_\_  
Company City State

Insurance Company \_\_\_\_\_

Insurance Company Address \_\_\_\_\_  
\_\_\_\_\_

Subscriber ID# \_\_\_\_\_ Group # \_\_\_\_\_

Patient's Relationship to Subscriber:  Self  Spouse  Child  Other \_\_\_\_\_

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### Secondary Insurance

Subscribers Name \_\_\_\_\_  
Last First Middle

Subscribers Date of Birth \_\_\_\_\_

Subscribers Employer \_\_\_\_\_  
Company City State

Insurance Company \_\_\_\_\_

Insurance Company Address \_\_\_\_\_  
\_\_\_\_\_

Subscriber ID# \_\_\_\_\_ Group # \_\_\_\_\_

Patient's Relationship to Subscriber:  Self  Spouse  Child  Other \_\_\_\_\_

We are happy to file your insurance claims on your behalf.  
Your estimated balance after insurance benefits will be collected at the time of service.  
Our relationship is with you, the patient, and not with your insurance company. Any questions you may have regarding the specifics of your plan should be directed to your insurance company or your employer's HR department.