

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 _____

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.