



INSURANCE INFORMATION

Patient's name(s) _____
PRIMARY DENTAL INSURANCE: In order to file your insurance, all information must be provided.
Employee's Full Name: _____ Employee's Date of Birth: _____
Relationship to Patient: _____ Work Phone Number: _____
Social Security #: _____ Employee I.D. #: _____
Insurance Company Name: _____
Claims Mailing Address: _____ City: _____ State/Zip: _____
Insurance Company Phone #: _____
Group Number: _____ Employer Name: _____
Employer City/State: _____
Address of Employee if different than patient: _____

SECOND DENTAL INSURANCE:

Employee's Full Name: _____ Employee's Date of Birth: _____
Relationship to Patient: _____ Work Phone Number: _____
Social Security #: _____ Employee I.D. #: _____
Insurance Company Name: _____
Claim Mailing Address: _____ City: _____ State/Zip: _____
Insurance Company Phone #: _____
Group Number: _____ Employer Name: _____
Employer City/State: _____
Address of Employee if different than patient: _____

Assignment of Insurance Benefits

In Consideration of Services rendered, I hereby transfer and assign to: R. Danford Doss, DDS., Inc.
4200 Bryant Irvin Rd., Suite 129
Fort Worth, Texas 76109

All rights, title and interest in any payment due me for services as provided in the policy or policies of insurance held by me.

I agree to pay, at Fort Worth, Tarrant County, Texas, the charges of R. Danford Doss, DDS, Inc. which exceed the amount paid by the policies held by me.

I further agree and authorize the above named dentist to release any information requested by the insurance company(s) or its representatives.

The undersigned accepts full responsibility for the account.

Policy Holder or Authorized Agent: _____ Date: _____

Your dental insurance is your financial responsibility, but we can help. Regardless of what we calculate as your dental benefit in dollars, we must stress the fact that you are responsible for the total cost of your dental treatment. As a courtesy to you, we will file your insurance claims and ask that you pay a estimated portion based on standard insurance coverage at the time of service. You will be billed for any remaining balance after insurance has paid.