

Perio Health Partners/ Dr. Mary Ann Lester

Dental insurance information

Do you have dental insurance: Yes____ No____?

Name of insured_____

Relationship to patient_____

Insurance company_____

Group or employer number_____

Policy number_____

Policyholder's date of birth_____

Insurance company address, city, state, ZIP: _____

Insurance company phone_____

Employer_____

Do you have secondary dental insurance: Yes____ No____?

Name of insured_____

Relationship to patient_____

Insurance company_____

Group or employer number_____

Policy number_____

Policyholder's date of birth_____

Insurance company address, city, state, ZIP: _____

Insurance company phone_____

Employer_____

We will be happy 😊 to file your dental claims for you regardless of your insurance company!