Christopher J. Smiley, D.D.S
Stephanie M. Benton, D.D.S
3299 Clear Vista Ct., N.E. Suite A – Grand Rapids, MI 49525
Telephone (616) 361-0654
Fax (616) 361-9823
Info@smileydds.com

DENTAL INSURANCE INFORMATION

So that we may process your dental insurance, please provide us with the following:

Name of policy holder: ____ DOB_________

Policy Holder SS#______________________________ Phone______________________

Address____________________________ City________________ State ____ Zip______

EMPLOYER___________________________________ Phone______________________

Address___________________________ City________________ State _____ Zip_____

INSURANCE CO______________________________ Phone______________________

Address____________________________ City________________ State_____ Zip_____

Benefit Percentages (Call your Insurance Company Representative for the following)

Preventative_____% Minor Restorative______% Major Crown & Bridge_____% Prosthetics____%

Coverage Renewal Date _____________________ Group #________________________

Deductibles: Patient $________ Family $_________ Yearly Maximum $___________

I AUTHORIZE RELEASE OF ANY INFORMATION RELATING TO THIS CLAIM.

____

Signature (Parent or Guardian if a minor) Date

I hereby authorize payment directly to the Dentist of the Insurance Benefits otherwise payable to me.

____

Signature (Parent or Guardian if a minor) Date