

Dental Insurance Information

**** Dr. McBee is NOT an assigned provider for any insurance company (which means she is NOT in NETWORK.) You WILL be responsible for any balance remaining (including interest) after insurance payment. (Any account not paid within 30 days from the invoice date will accrue interest at the lesser of 1.5% per month or the maximum amount provided by law.) The fees quoted to you by our office are NOT a guarantee of payment but an ESTIMATE of the benefits available for the proposed services to be rendered. ** DELTA DENTAL insurance is not one that allows us to receive payments. Therefore, patients with Delta Dental Insurance will be required to pay for the total cost of treatment upfront, and Delta will then reimburse you.****

Policy Holder/ Subscriber Name (who the ins. is under): _____
Policy Holder Address: _____

Employer: _____
Subscriber ID (SSN or ID#): _____
Group #: _____ Subscriber DOB: _____

DENTAL Insurance Company Information:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____

Do You Have any other **Dental** Coverage? Yes No
(If so, please fill out the next section also.)

Policy Holder/ Subscriber Name: _____
Policy Holder Address: _____

Employer: _____
Subscriber ID (SSN or ID#): _____
Group #: _____ Subscriber DOB: _____

DENTAL Insurance Company Information:

Name: _____
Address: _____
City _____ State _____ Zip _____
Telephone Number: _____

Signature _____ Date _____

