

Children's Dental Zone

3455 Old Alabama Road

Alpharetta, GA 30022

(770)777-1222



Dental Insurance Information

Name of Insured:

Last

First

MI

Patient's relationship to insured:

Self

Spouse

Child

Other

Insurance Plan Name:

Policy Holder's Name

Policy Holder's Date of Birth:

Subscriber ID:

Employer Group Name and Group Number:

Insurance Company Phone Number:

Insurance Claims Address:

- By checking this box,
I authorize my insurance company to pay the dentist all insurance benefits rendered.
I authorize the use of this electronic signature on all insurance submissions.
I authorize the dentist to release all information necessary to secure the payment of benefits.
I understand that I am financially responsible for all charges whether or not paid by insurance.