Theresa A. Casper-Klock, D. D. S.
33 William Street, Suite 1
Auburn, NY 13021
(315) 253 - 8891

DENTAL INSURANCE INFORMATION

Patient Name _____ Date _____

Primary Insurance Company _____

Subscriber's Name _____

Birthdate ___/___/___ Social Security # _____ Insurance ID # _____

Group Name _____ Group Number _____

Patient's Relationship to Subscriber: Self ☐ Spouse ☐ Child ☐ Other ☐

Employer _____

Employer Address _____

Secondary Insurance Company _____

Subscriber's Name _____

Birthdate ___/___/___ Social Security # _____ Insurance ID # _____

Group Name _____ Group Number _____

Patient's Relationship to Subscriber: Self ☐ Spouse ☐ Child ☐ Other ☐

Employer _____

Business Address _____

SIGNATURE ON FILE

I authorize the release of any information necessary to process my insurance claim.

X_____

I authorize payment to Dr. Theresa Casper-Klock any insurance benefits otherwise payable to me.

X _____