Derek C. MacLean D.D.S., Sherrie K. MacLean, D.D.S Terry A. Truesdale, D.D.S., and Patrick D. Thompson, D.M.D.

Insurance Information

| <u>Primary:</u> | | | |
|---|---|--|---|
| Name of Insured: | | 9 | , |
| | Last | First | MI |
| Birth date: | SS# | ID# | |
| Employer: | I | nsurance Company: | |
| Insurance Co. Phone | # | Group# | |
| Patient Name: | | Patient Birth Date: | |
| | Last, First, MI | | |
| Secondary: | | | |
| Name of Insured: | | | • |
| | Last | First | MI |
| Birth date: | SS# | ID# | |
| Employer: | I | nsurance Company: | |
| Insurance Co. Phone | # | Group# | |
| Patient Name: | | Patient Birth Date: | |
| | Last, First, MI | | |
| courtesy to me, as the prinformation for Seven will do the best possible what is expected or in a for the account balance | patient. I also underst Hills Dental Center a e to collect from my a timely manner, the c. It is also the patients, and policies. Sever | In that Seven Hills Dental Cent tand that it is my responsibility and follow up with my insurance insurance, but in the event the patient or responsible party wint's responsibility to know the in Hills Dental Center will do the | to update any insurance ce company. Our office insurance does not pay Il take full responsibility insurance benefits, |
| Patient/ (Guardian of a minor) Signature | | | te |