

REVEAL DENTAL
COSMETIC, FAMILY & IMPLANT DENTISTRY

Policy Holders Primary Dental Insurance Information

\*\*\*We need your Dental Insurance information NOT your medical insurance information (they are different)\*\*\*

Are you covered under a dental insurance plan? \*

Yes No

Is the patient the dental insurance policy holder? \*

Yes No

Please attach a picture of your dental insurance card
(if available)

Make sure the photo is in focus and not blurry.

Front of Dental Insurance Card

Drop files to attach, Use Camera, or browse

Back of Dental Insurance Card

Drop files to attach, Use Camera, or browse

Policy Holders First Name \*

Text input field for first name

Policy Holders Last Name \*

Text input field for last name

Policy Holders Birth Date \*

Text input field for birth date with slashes

Policy Holders SSN# \*

Text input field for SSN with dashes

Policy Holders Employer \*

Text input field for employer name

Dental Insurance Carrier \*

Text input field for insurance carrier

Dental Insurance phone number \*

Text input field for phone number with parentheses

(located on back of your dental insurance card)

ID / Member # \*

Text input field for ID / Member #

Group # \*

Text input field for Group #

Plan \*

Text input field for Plan

Policy Holders Secondary Dental Insurance Information

\*\*\*We need your Dental Insurance information NOT your medical insurance information (they are different)\*\*\*

Are you covered by a secondary dental insurance plan? \*

Yes No

Is the patient the secondary dental insurance policy holder? \*

Yes No

Please attach a picture of your Secondary dental insurance card
(if available)

Make sure the photo is in focus and not blurry.

Front of Secondary Dental Insurance Card

Drop files to attach, [Use Camera](#), or [browse](#)

Policy Holders First Name \*

Policy Holders Birth Date \*

Policy Holders Employer \*

Dental Insurance Carrier \*

ID / Member # \*

Group # \*

Plan \*

Back of Secondary Dental Insurance Card

Drop files to attach, [Use Camera](#), or [browse](#)

Policy Holders Last Name \*

Policy Holders SSN# \*

Dental Insurance phone number \*

(located on back of your dental insurance card)

