INSURANCE INFORMATION

Jill Kollar DMD Professional LLC | d/b/a Precision Dental of Windsor

Precision Dental of Windsor | 1580 Main Street, Suite B, Windsor, CO 80550 | 970-237-4313

Please complete this form so we can file your dental insurance claims for you. Bring your insurance card to your appointment so we can verify your coverage.

Patient information

Patient Name: _____

Date of Birth: _____

Primary insurance

Insurance Company: _____

Subscriber Name: _____

Subscriber Date of Birth: _____

Relationship to Patient: ( ) Self ( ) Spouse ( ) Child ( ) Other: _____

Member / Subscriber ID: _____

Group Number: _____

Employer: _____

Insurance Phone Number: _____

Secondary insurance (if any)

Insurance Company: _____

Subscriber Name: _____

Subscriber Date of Birth: _____

Relationship to Patient: ( ) Self ( ) Spouse ( ) Child ( ) Other: _____

Member / Subscriber ID: _____

Group Number: _____

Employer: _____

Insurance Phone Number: _____

Authorization

I authorize Precision Dental of Windsor to submit insurance claims on my behalf and to release the information needed to process those claims. I assign my insurance benefits to be paid directly to Precision Dental of Windsor. I understand that insurance estimates are not a guarantee of payment and that I am responsible for any balance not paid by my insurance.

_____

Signature of Patient or Subscriber Date