

# Dental Insurance Claim Form

## Patient Information

Full Name

Date of Birth

Gender

Address

Phone

Email

## Insurance Information

Insurance Company

Policy Number

Group Number

Subscriber Name

Relationship to Patient

## Dentist Information

Dentist Name

Phone

Address

## Treatment Details

Date of Service

Procedure Code

Tooth Number/Area

Description of Service

Fee Charged

## Patient Authorization

Signature

Date