

# Dental Insurance Claim Form

## Patient Information

Full Name

Date of Birth

Gender

Address

Phone

Email

## Insurance Information

Insurance Company

Policy Number

Group Number

Insured's Name

Relationship to Patient

## Dental Treatment Details

Date of Service

Procedure Code(s)

Tooth Number(s)

Description of Services

Amount Claimed

## Dentist Information

Dentist Name

License Number

Phone

## Signature

Patient/Guardian Signature

Date

