Smile4Us Dental
5050 FM 1960 W, Ste 126, Houston, TX 77069
(281) 440-0814 - smile4us1960@gmail.com

Patient form

Insurance Information

Provide carrier details so the office can verify benefits before treatment.

[TODO: clinic to review and approve this template before using it with patients.]

Patient information

Legal name

Preferred name

Date of birth

Phone

Email

Address

Primary insurance

Insurance company

Subscriber name

Subscriber date of birth

Member ID

Group number

Employer

Secondary insurance

Insurance company

Subscriber name

Member ID

Group number

Authorization

I authorize Smile4Us Dental to verify benefits and submit claims when applicable. Benefits quoted by insurance are estimates until processed by the plan.

Patient/guardian signature

Date