Orthodontic Specialists
Dr. Welch & Bonds, P.A.
1343 Second Loop Road, Florence, SC 29505
(843) 665-8176

ORTHODONTIC INSURANCE INFORMATION

Name of Patient: _____ **Date of Birth:** _____

In order to assist you in determining your orthodontic insurance benefit, the following information is necessary on the policy holder:

Name of Policy Holder: _____ **Date of Birth:** _____

Address: _____

Social Security #: _____ **Telephone:** _____

Employed by: _____

Address: _____

Insurance Company: _____ **Policy/Group #:** _____

Address of Insurance Company: _____

Insurance Company Telephone: _____

Is patient covered under another dental plan? If so, please complete the following information:

Name of Policy Holder: _____ **Date of Birth:** _____

Address: _____

Social Security #: _____ **Telephone:** _____

Employed by: _____

Address: _____

Insurance Company: _____ **Policy/Group #:** _____

Address of Insurance Company: _____

Insurance Company Telephone: _____

I hereby authorize release of any information relating to this claim.

_____ **Date** _____
Signature

I hereby authorize payment of insurance benefits directly to the above named orthodontist.

_____ **Date** _____
Signature

Please notify our office of any changes in your insurance policy as soon as possible.