



311, 16061 MacLeod Trail South
Calgary, AB T2Y 3S5
(403)201-BITE (2483)

Insurance Information Form

If you would like us to accept assignment of your dental insurance, please print out this page and obtain the required information from the benefits coordinator at the policy holder's place of employment. The following information will help us fill out your insurance forms and advise you of coverage for various procedures.

Please fax page to: 403.201.2597

Patient Name: _____

Policy Holder's Name: _____

Policy Holder's Date of Birth: _____

Insurance Company: _____

Employer: _____

Group/Plan Number: _____ Division Number: _____

Certificate / ID Number: _____

Basic %: _____ Major %: _____

Yearly Maximum: _____ Combined?: _____

Units of Scaling / Root planing: _____ Recall Frequency: _____

Adult Fluoride Coverage: _____

Deductible: _____

Benefit Year: Calendar Year _____ or other _____