

beverlypediatricdentistry

1426 21ST ST., NW

2ND FLOOR

WASHINGTON DC 20036

T: 202 331 3474 F: 202 331 3475

www.beverlypedo.com

ALTHOUGH WE DO NOT PARTICIPATE IN ANY DENTAL INSURANCE PLAN (OUT OF NETWORK PROVIDER), WE WILL MAKE EVERY EFFORT TO MAKE YOUR VISITS AS SEAMLESS AS POSSIBLE. AS A COURTESY TO YOU, WE WILL SUBMIT YOUR DENTAL CLAIMS AFTER YOU HAVE PAID OUR OFFICE FOR SERVICES RENDERED.

IN ORDER TO SUBMIT YOUR CLAIM, PLEASE PROVIDE US WITH INFORMATION REGARDING YOUR PLAN.

INSURANCE COMPANY: _____ ID NUMBER: _____

NAME OF PRIMARY SUBSCRIBER: _____ D.O.B: _____

INSURED SOCIAL SECURITY NUMBER: _____ GROUP NUMBER: _____

MAILING ADDRESS FOR CLAIM: _____

INSURANCE CONTACT NUMBER: _____ FAX NUMBER: _____

WHAT EMPLOYER PROVIDES THIS INSURANCE? _____

IF THIS ISN'T YOUR EMPLOYER, WHAT IS THE NAME OF THE EMPLOYEE? _____

EMPLOYEE'S SOCIAL SECURITY NUMBER: _____