

## **New Patient Checklist**

- **New Patient information form**
- **Medical / Dental history form**
- **Hipaa / Office Policy form**
- **Dental insurance information**

For us to properly submit to your dental insurance carrier please provide the following information that we need to submit for payment from your carrier

- **Dental Insurance carrier**
- **Primary Insured Name**
- **Primary insured Date of Birth**
- **Dental ID number (may be your social security number)**
- **Dental Insurance group number**
- **Dental Insurance phone number**
- **Dental Insurance claims mailing address**

Don't forget to **bring your insurance card** so we can make a copy for your file. Thank you for having this information readily available as this will help us process claims to reduce your out of pocket expense.