

ASSOCIATE IMPLANT & FAMILY DENTISTRY

DR. DARRYL CHEN, D.D.S.

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INSURANCE VERIFICATION FORM

Please provide our office with the following information so that we may properly verify your insurance coverage. If you do not have this information, you may run the risk of not having any dental benefits and the responsibility of your bill.

Please provide the front desk with a copy of your **dental card**.

Most often, health care cards are mistaken for dental, so please double check your card carefully.

Primary Insurance

Subscriber SS#

Subscribers ID # (if different from SS#)

Subscribers Date of Birth

Subscribers Employer

Insurance Phone#

Insurance Address

Group#

Secondary Insurance Y/N

Subscriber SS#

Subscribers ID # (if different from SS#)

Subscribers Date of Birth

Subscribers Employer

Insurance Phone#

Insurance Address

Group#

Signature _____

Date _____