



Frances H. Yankie, D.D.S.

DENTAL INSURANCE INFORMATION

Please have your insurance card(s) & photo ID ready for us to make a copy to keep on file

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| Dental Insurance Company_____ | Phone_____ |
| Insurance Address_____ | Group #_____ |
| Subscriber Name_____ | Subscriber DOB_____ |
| Subscribers ID #_____ | Employer_____ |
| Employer Address_____ | Employer Phone_____ |
| Are you retired_____ YES _____ NO Is this an individual plan_____ YES _____ NO | |

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|--|---------------------|
| 2 nd Insurance Company_____ | Phone_____ |
| Insurance Address_____ | Group #_____ |
| Subscriber Name_____ | Subscriber DOB_____ |
| Subscribers ID #_____ | Employer_____ |
| Employer Address_____ | Employer Phone_____ |
| Are you Retired_____ YES _____ NO Is this an individual plan_____ YES _____ NO | |

Payment of fees not covered by your insurance plan is due at time services are rendered. We cannot guarantee payment by your insurance company, and do not have leverage to obtain payment from your insurance company. Dental insurance policies vary widely; therefore, you are required to become familiar with your policy exclusions, limitations, deductibles, and required co-payments and/or co-insurance. Dental insurance policies restrict payment for some services, use restricted fee schedules, and excludes some procedures based on prior conditions or length of time on the plan. All restrictions are based on the premium paid for insurance, not our fees or recommended treatment. It is your responsibility to keep our office informed of any changes in your insurance coverage, address, or employment, and failing to do so may delay payments made by your insurance company. If payment for services already rendered has not been paid in full within 45 days, either by you or your insurance company, the remaining balance is considered due and collectible from the patient.

I authorize Frances H. Yankie, DDS and/or all associates to release to my insurance company information acquired in the course of my dental care. I authorize benefits to be paid directly to Frances H. Yankie, D.D.S.

Signature of insured/subscriber, or legal guardian _____
Date