Information needed for dental insurance submission

Group name (i.e.: Aspen Skiing CO.)

Group number

Policy number

Provider’s name (name of insurance CO.)

Provider’s mailing address

Provider’s phone number

Subscriber’s name (the person who is the policy holder)

Subscriber’s birthdate (even if a non-patient)

Subscriber’s mailing address on file with the insurance company

Subscriber’s social security number

Patient’s name

Patient’s birthdate

Payor ID

We are a fee for service dental practice but we are more than happy to file your insurance for you.