

Prior To Your Appointment

Please email or fax the dental insurance information and a photo/copy of your insurance card (front and back) to:

Valerie: vjb@drthsullivan.com

Fax: 207-729-2717

The following information is needed for the finance coordinator to get an estimate of your insurance benefits:

Patient Name: _____

Insurance Company Name: _____

Insurance Address:

Insurance Phone Number:

Subscriber Name: _____ D.O.B _____

Relationship to Patient: _____

Subscriber ID#: _____ Group #: _____

Employer Name: _____

Please bring this completed form with you to your appointment.