HIGHLAND
DENTAL

1001 Gibson Bay Drive | Richmond, KY 40475
P: 859.625.0204 | frontdesk@highlandentalrichmond.com

Dental Insurance

Patient Name: _____ Date: _____

Birthday: _____

Home Address: _____

City, State, Zip: _____

Patient's Relationship to Insured: _____

Insured's Employer Name: _____

Home Address: _____

City, State, Zip: _____

Carrier Name: _____

Plan Name _____

ID#: _____

Group#: _____

Insurance Phone Number: _____

Insurance's Address: _____

Do you have Secondary Insurance? ☐ YES ☐ NO

If yes, please discuss options with the Front Desk.

Signature: _____ **Date:** _____