Dr. Sam Ghosh

1620 Mount Hope Avenue Pottsville, PA 17901 Ph (570)622-2666
4979 Hamilton Boulevard Allentown, PA 18106 PH (610)398-9000

ORTHODONTIC INSURANCE INFORMATION

In order to assist you in determining your orthodontic benefits, the following information is necessary:

Name of Patient: _____ Date of Birth: _____
Name of Insured: _____ Date of Birth: _____
Address of Insured: _____
Soc Security # or ID #: _____ Telephone #: _____
Insurance Company: _____ Telephone #: _____
Insurance Company Address: _____
Insurance Company Telephone #: _____ Primary or Secondary: _____

Is patient covered under another dental play? If so, please complete the following information:

Name of Patient: _____ Date of Birth: _____
Name of Insured: _____ Date of Birth: _____
Address of Insured: _____
Soc Security # or ID #: _____ Telephone #: _____
Insurance Company: _____ Telephone #: _____
Insurance Company Address: _____
Insurance Company Telephone #: _____ Primary or Secondary: _____