

DAVID W. EDWARDS, D.M.D.

HOLISTIC AND COSMETIC FAMILY DENTISTRY

INSURANCE INQUIRY

Dr. Edwards is an “out-of-network” insurance provider. We do NOT accept insurance payments. Our office will provide you with a completed claim form for each visit. You will be responsible for keeping a copy & sending the form to your insurance company. There may be a charge associated with reprocessing lost insurance claim forms. We’re happy to help you understand your insurance explanation of benefits.

THIS COMPLETED FORM IS REQUIRED FOR INSURANCE REIMBURSEMENT

Do you have “out-of-network” benefits? _____ Yes _____ No

If yes, complete the following. If no, you can not receive reimbursement.

Date: _____

Name of Insured: _____

Date of Birth: _____

Social Security Number: _____

Name of Employer or Self-Insured: _____

Relationship to Insured: _____

Name of Insurance Company: _____

Insurance Telephone #: _____

Fax Submission #: _____

Claim mailing address: _____

Member ID #: _____

Group #: _____