

**Bucks Dental Associates**  
**DENTAL INSURANCE INFORMATION**

**PRIMARY**

Name of insured: \_\_\_\_\_ Is Insured a patient ( ) Yes ( ) No  
Last First M

Insured's Address: \_\_\_\_\_ ID#: \_\_\_\_\_ Group: \_\_\_\_\_

Insured's Employer Name: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Patients relationship to insured: ( ) Self ( ) Spouse ( ) Child ( ) other \_\_\_\_\_

Insurance plan name and phone #: \_\_\_\_\_

**SECONDARY**

Name of insured: \_\_\_\_\_ Is Insured a patient ( ) Yes ( ) No  
Last First M

Insured's Address: \_\_\_\_\_ ID#: \_\_\_\_\_ Group: \_\_\_\_\_

Insured's Employer Name: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Patients relationship to insured: ( ) Self ( ) Spouse ( ) Child ( ) other \_\_\_\_\_

Insurance plan name and phone #: \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION**

Name of insured: \_\_\_\_\_ Is Insured a patient ( ) Yes ( ) No  
Last First M

Insured's Address: \_\_\_\_\_ ID#: \_\_\_\_\_ Group: \_\_\_\_\_

Insured's Employer Name: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Patients relationship to insured: ( ) Self ( ) Spouse ( ) Child ( ) other \_\_\_\_\_

Insurance plan name and phone #: \_\_\_\_\_

**Insurance is primarily based on "eligibility" not "medical necessity"**  
**Our treatment plans are base solely on medical necessity.**