



**SHENANDOAH VALLEY
ORTHODONTICS**

Damon DeArment, DDS
Daniel Lill, DDS, MS
Ashley Larson DMD, MS

ORTHODONTIC INSURANCE INFORMATION

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

Name of Patient:	<input type="text"/>	Date of Birth:	<input type="text"/>
Name of Insured:	<input type="text"/>	Date of Birth:	<input type="text"/>
Address:	<input type="text"/>		
Social Security #:	<input type="text"/>	Telephone:	<input type="text"/>
Employed by:	<input type="text"/>		
Insurance Company:	<input type="text"/>	Policy #:	<input type="text"/>
Insurance Telephone:	<input type="text"/>	Group #:	<input type="text"/>

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

Name of Insured:	<input type="text"/>	Date of Birth:	<input type="text"/>
Address:	<input type="text"/>		
Social Security #:	<input type="text"/>	Telephone:	<input type="text"/>
Employed by:	<input type="text"/>		
Insurance Company:	<input type="text"/>	Policy #:	<input type="text"/>
Insurance Telephone:	<input type="text"/>	Group #:	<input type="text"/>

I hereby authorize release of any information relating to this claim.

Signature:	<input type="text"/>	Date:	<input type="text"/>
------------	----------------------	-------	----------------------

I hereby authorize payment of insurance benefits directly to the above named orthodontist.

Signature:	<input type="text"/>	Date:	<input type="text"/>
------------	----------------------	-------	----------------------

~PLEASE REMEMBER TO CALL US WITH ANY INSURANCE CHANGES DURING TREATMENT~

Winchester

1705 Amherst Street
Suite 103
Winchester, VA 22601
540-667-9662
540-722-0597 fax



My Life. My Smile. My Orthodontist.®

www.go2svo.com

Front Royal

920 N. Shenandoah Ave.
Suite 201
Front Royal, VA 22630
540-635-1695