

GRAF ORTHODONTICS, LLC

J. Sanders Graf, D.M.D., M.S.

Orthodontics Exclusively

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909 Elm Street
Minden, Louisiana 71055
(318) 377-6803

ORTHODONTIC INSURANCE INFORMATION

INS. # _____

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

Name of Patient: _____ Date of Birth: _____

Name of Insured: _____ Date of Birth: _____

Address: _____

Social Security #: _____ Telephone: _____

Employed by: _____ Telephone: _____

Address: _____

Insurance Company: _____ Policy/Group #: _____

Address of Insurance Company: _____

Insurance Company Telephone: _____

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

Name of Insured: _____ Date of Birth: _____

Address: _____

Social Security #: _____ Telephone: _____

Employed by: _____ Telephone: _____

Address: _____

Insurance Company: _____ Policy/Group #: _____

Address of Insurance Company: _____

Insurance Company Telephone: _____

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

Signature Date

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

Signature Date