FREDERICK J. NORFOLK, DMD 116 WATER ST. MILFORD, MA 01757 508-478-7925

INSURANCE

Dental Insurance ☐ Yes ☐ No *(if yes, please complete below.)* **If there is more than one insurance, please ask for an addt'l form**

Subscriber Information

Name: _____Social Sec.Number: _____ DOB:_____

Address:_____ Town/City: _____ State: _____ Zip: _____

Home Phone Number: _____ Business Phone Number: _____

Place of Employment: _____

Name of Dental Insurance Carrier: _____

Insurance Billing Address P.O. Box # or Street: _____

Town/City: _____ State: _____ Zip: _____ Phone #: _____

ID#: _____GROUP NUMBER: _____

Patient/Parent Signature for Assignment of Benefits: _____
(Your signature here authorizes your insurance company to send payments directly to the provider of dental services. If this line is unsigned, your insurance benefits would be sent directly to you and payment of dental services would be due at the time of service.)

Patient's Release and Confirmation Signature: _____
(Your signature here authorizes your dentist to copy or give dental related radiographs or information to your insurance company.)