

# Dental Insurance

## Primary Insurance

Name of Insured \_\_\_\_\_  
Relationship to patient \_\_\_\_\_  
Subscriber's Birthdate \_\_\_\_\_  
Soc. Sec. # \_\_\_\_\_  
Employer \_\_\_\_\_  
Date Employed \_\_\_\_\_  
Occupation \_\_\_\_\_  
  
Insurance Company \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Group # \_\_\_\_\_  
Employee/Cert. # \_\_\_\_\_  
Deductible \_\_\_\_\_  
Amount already used \_\_\_\_\_  
Max. Annual Benefit \_\_\_\_\_

## Additional Insurance

Name of Insured \_\_\_\_\_  
Relationship to patient \_\_\_\_\_  
Subscriber's Birthdate \_\_\_\_\_  
Soc. Sec. # \_\_\_\_\_  
Employer \_\_\_\_\_  
Date Employed \_\_\_\_\_  
Occupation \_\_\_\_\_  
  
Insurance Company \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Group # \_\_\_\_\_  
Employee/Cert. # \_\_\_\_\_  
Deductible \_\_\_\_\_  
Amount already used \_\_\_\_\_  
Max. Annual Benefit \_\_\_\_\_

### Staff Use Only:

Patient was asked for referral by:	Staff Member:	Date:	Card to Share Card:
_____	_____	_____	_____
_____	_____	_____	_____

Hobbies, Interests, Events, Conversations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Visual

Auditory

Kinesthetic

Values Ask: **What** is important about your dental experience?

Rules Ask: **How** do you want to be treated here?

Details Ask: When I explain something to you, do you like a lot of explanation?

Big Picture Only Ask: Do you prefer fewer details?

Triangle