

DENTAL INSURANCE SUPPLEMENT FORM FOR PRIVATE INSURANCE

As a benefit of the state of Illinois Medical Card Plan students may be eligible for a dental exam by a licensed dentist, dental cleaning, fluoride varnish application, and dental sealants while we are at the school.

Over the years we have heard from families insured through various other private dental insurances who have requested that we provide the services to the students and bill their insurance.

For families who have other private dental insurance and would like ONSITE Dental to provide the services at the school: dental exam by a licensed dentist, dental cleaning, fluoride varnish application, and dental sealants, you may provide the information requested below and we may be able to bill your insurance. PLEASE NOTE: ONSITE Dental encourages families with a family dentist they see regularly to use benefits at your regular family dentist. When we bill for services rendered it may use benefits you can't use at your dentist for at least six months.

Please provide the following. Please do not leave any blanks

Name of Insurance Carrier _____

Employer name _____

Name of person insured _____ Date of Birth of adult insured _____

Relationship to patient _____

Subscriber ID (some insurance company use SSN for this) _____ (note we cannot verify benefits without this ID)

Group Number _____

Billing address listed on card _____

If possible provide a photocopy of the insurance card front and back

I hereby authorize payment of dental benefits to Onsite Dental for the services described.

I give my permission to the doctor to submit insurance benefit claim forms in my name and on behalf of myself, my spouse and/ or my child.

Signed _____

Printed name _____

Date _____