"OUR FAMILY SERVING YOURS"

Bringhurst
Family Dentistry, P.L.L.C.

# Insurance Information

**Primary Dental Insurance Information:**

Policy Holder:_____

Policy Holder Employer:_____

Policy Holder Date of Birth:_____

Policy Holder Social Security Number:_____

Insurance Co._____

Insurance ID#_____ Group Number:_____

Yearly Deductible_____

**Secondary Dental Insurance Information:**

Policy Holder:_____

Policy Holder Employer:_____

Policy Holder Date of Birth:_____

Policy Holder Social Security Number:_____

Insurance Co._____

Insurance ID#_____ Group Number:_____

Yearly Deductible_____

Signature:_____ Date:_____