Information needed for dental insurance submission

 Group name (i.e.: Aspen Skiing CO.)

 Group number

 Policy number

 Provider’s name (name of insurance CO.)

 Provider’s mailing address

 Provider’s phone number

 Subscriber’s name (the person who is the policy holder)

 Subscriber’s birthdate (even if a non-patient)

 Subscriber’s mailing address on file with the insurance company

 Subscriber’s social security number

 Patient’s name

 Patient’s birthdate

 Payor ID

We are a fee for service dental practice but we are more than happy to file your insurance for you.