



## INSURANCE INFORMATION

If treatment is recommended, you will get a better estimate of your out-of-pocket costs if we have this information before the day of your exam. Please be assured that our fees are no higher for patients with insurance benefits than for those without insurance.

### PRIMARY INSURANCE INFORMATION

Subscriber's Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Responsible Party \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Employer \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Group Number \_\_\_\_\_ Subscriber ID/SS# \_\_\_\_\_

### SECONDARY INSURANCE INFORMATION

Subscriber's Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Responsible Party \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Employer \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Group Number \_\_\_\_\_ Subscriber ID/SS# \_\_\_\_\_

Once completed, you can:

- Fax this form to our Insurance Coordinator at (731)668-2755,
- Email a scanned copy of this form to [office@fmyortho.com](mailto:office@fmyortho.com) or
- Leave a voicemail that includes this information at (731)668-8922 or (800)548-5303, extension 115.

#### FMY Orthodontics

Drs. Merwin, Miller and Thomas

Jackson ♦ Martin ♦ Dyersburg ♦ Henderson ♦ Bolivar ♦ Brownsville  
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