



Confirmation of Insurance Information

Dental Insurance providers will let us submit your claim information for dental treatment. However, they will not communicate with us about your policy details.

Your optimal oral health is our primary objective and as such, we will schedule appointments to achieve this goal.

Your Name: _____ Policy Holder (if other): _____

Birthdate: _____ Employer: _____
Day/Month/Year

Insurance Co: _____ Group # _____ ID/Cert#: _____

Coverage period? Jan – Dec Yes No % of Coverage: _____ (Basic) _____ (Major)

Yearly Maximum: \$ _____ (Basic) \$ _____ (Major)

Frequency Limitations? _____

If you have more than one insurance plan, please complete two separate forms. This form can also be found online at driftwooddental.com

Completed forms may be emailed to driftwoodreception@shaw.ca or brought with you at your next appointment. Thank you.