

Gerardo L. Beauchamp, DDS, FICOI

Dental Cosmetics & Implantology

Insurance Verification Form

Dear New Patient,

The information you will provide will be kept strictly confidential as per HIPPA regulations. Our office administrative staff will confirm and verify your coverage before your first visit. After a thorough dental examination, Dr. Beauchamp will discuss his findings with you and a member of our staff will explain in detail your benefits within your plan.

Please provide the following information from your dental insurance card.

Patient's Name: _____

Name of Policy Holder: _____

Relationship to Policy Holder: _____

Patient's Date of Birth: _____

Patient's Social Security Number: _____

Policy Holder's Social Security Number: _____

Policy Holder's Company Name (where you work): _____

Dental Insurance Company Name: _____

Group Number (if applicable): _____

Insurance Company Contact Phone Number: _____

Note: If you have coverage from two different dental insurance companies, please fill out a second page indicating which company is your "Primary" Policy and which is your "Secondary" Policy.

Please note that Medical Insurance information is not needed for Dental Care.

Please Fax this form to (305) 591-8609.

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