

Carrie K. York, D.D.S.

2955 80th Ave SE, Suite 102 • Mercer Island, WA 98040

Telephone: (206)232-2505 • Fax: (206)232-8307

Insurance Information- TO BE COMPLETED IN FULL

Please contact your insurance company directly if you do not have all of the information listed below. Missing or incomplete information may cause a delay or denial of claim payments. Insurance companies have strict guidelines and deadlines. Please notify us **immediately** if your insurance changes so that we may update your insurance information and resubmit any outstanding claims. Many insurance companies will not make claim payments if submissions are not timely.

Primary Insurance Information

Patient name	
Insurance company name:	
Insurance company address to send claims:	
Insurance company telephone number:	
Insurance effective date:	
Subscriber's name:	
Subscriber's relationship to patient:	
Subscriber's date of birth:	
Subscriber's insurance identification number:	
Subscriber social security number: (Required if no i.d. number)	
Subscriber's employer:	
Insurance plan group number:	
Insurance Payer ID for electronic claims:	
Does the plan cover other family members? List names:	
Do you have secondary insurance coverage? If so, continue.	

Secondary Insurance Information

Secondary subscriber's name:	
Insurance company name:	
Insurance company address:	
Insurance company telephone number:	
Insurance effective date:	
Secondary subscriber's relationship to patient:	
Secondary subscriber's date of birth:	
Secondary subscriber's insurance identification number:	
Secondary subscriber's social security number: (Required if no i.d. number)	
Secondary subscriber's employer:	
Insurance plan group number:	
Insurance Payor ID for electronic claims:	