



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 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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