



**D. Scott Trettenero, DDS**

13440 Parker Commons Boulevard #104 • Fort Myers • FL • 33912

(239) 277-7007 • www.AllSmilesNow.Com

**Office Insurance Policy**

Dental Insurance is a contract between you and your insurance company. We are not employees of any insurance company. ***Dr. Trettenero is not an insurance provider for all dental insurances, which means our office is out of all networks.*** As a courtesy for being our patient, we will be happy to file the insurance paperwork for all dental procedures.

Initial \_\_\_\_\_

I understand that I am responsible for all payment at the time of my dental services. As a courtesy, we will file the paperwork twice for one date of service, after that you are responsible. We will only file to one dental insurance company, any secondary insurance paperwork you are responsible for.

Initial \_\_\_\_\_

I authorize Dr. Trettenero, DDS to file my insurance claim paperwork directly for me with the payment for my insurance benefits payable to me.

Initial \_\_\_\_\_

**DENTAL INSURANCE INFORMATION**

Name of Primary Insurance Holder \_\_\_\_\_

Social Security Number \_\_\_\_\_

Primary Insurance Holder Date of Birth \_\_\_\_\_

Insurance Company Name \_\_\_\_\_

Insurance Company Claim Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Insurance ID # \_\_\_\_\_ Group Number \_\_\_\_\_

Name of Employer (If Applicable) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Patient Name \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_