



D. Scott Trettenero, DDS

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(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 _____