

# **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.

---

**9593 N.W. 41<sup>st</sup> Street, Doral, Florida 33178**  
**(305) 594-2022**