

SECONDARY INSURANCE INFORMATION

for

THE DENTIST'S HOUSE OF EDINA

"a comfortable approach to dentistry"

Janet A. Zingale, DDS and Michael J. Zingale, DDS

PLEASE have filled out by SECONDARY INSURANCE PARTY
(This individual must be over the age of 18 and if required, be a parent and/or guardian)

Secondary Insurance Responsible Party Information:

Name _____ Sex _____ Birthdate _____ Soc. Sec. # _____

Home Address _____ City _____ State _____ Zip _____

Email _____ May we contact you: () phone () text () email () leave a message?

Daytime/Cell Phone Number (_____) _____ Home Phone Number (_____) _____

Employer Name _____ Employer's Phone Number (_____) _____

Employer's Address _____ City _____ State _____ Zip _____
(we will not call)

If we file insurance for you:

- Please provide your dental insurance card the first visit. We will make a copy of your card and call **your** insurance to verify your benefits and to the best of our ability, maximize these benefits as a courtesy. However, you are overall **responsible** to understand your insurance benefits.
- Upon payment of your primary insurance, please bring all the paper work to this office and we will file your secondary insurance form for you.
- You should receive payment from the insurance company. If payment is mistakenly made to The Dentist's House of Edina, we ask you to contact The Dentist's House of Edina for the details on your account.

Release of Information: I authorize The Dentist's House of Edina to release written, verbal or radiographic dental/medical information for the requested dental/medical reports and/or insurance processing for me, my spouse or for my minor children.

If you have questions regarding any treatment, fee, or service, please discuss them with us promptly and frankly. We will make **every effort** to avoid a misunderstanding and preserve a friendship.

Date _____

Secondary Insurer Party Signature

Thank you!