



RK DENTAL CARE
HEALTHY SMILES FOR LIFE

Policy Holder's Primary Dental Insurance Information

We need your Dental Insurance information NOT your medical insurance information (they are different)

Are you covered under a dental insurance plan? *

Yes No

Is the patient the dental insurance policy holder? *

Yes No

**Please attach a picture of your dental insurance card
(if available)**

Make sure the photo is in focus and not blurry.

Front of Dental Insurance Card

Drop files to attach, [Use Camera](#), or [browse](#)

Back of Dental Insurance Card

Drop files to attach, [Use Camera](#), or [browse](#)

Policy Holder's First Name *

Policy Holder's Last Name *

Policy Holder's Birth Date *

Policy Holder's SSN# *

Policy Holder's Employer *

Dental Insurance Carrier *

Dental Insurance Phone Number *

(located on back of your dental insurance card)

ID / Member # *

Group # *

Plan *

Policy Holders Secondary Dental Insurance Information

We need your Dental Insurance information NOT your medical insurance information (they are different)

Are you covered by a secondary dental insurance plan? *

Yes No

Is the patient the secondary dental insurance policy holder? *

Yes No

Please attach a picture of your Secondary dental insurance card

(if available)

Make sure the photo is in focus and not blurry.

Front of Secondary Dental Insurance Card

Drop files to attach, [Use Camera](#), or [browse](#)

Back of Secondary Dental Insurance Card

Drop files to attach, [Use Camera](#), or [browse](#)

Policy Holder's First Name *

Policy Holder's Last Name *

Policy Holder's Birth Date *

Policy Holder's SSN# *

Policy Holder's Employer *

Dental Insurance Carrier *

Dental Insurance phone number *

(located on back of your dental insurance card)

ID / Member # *

Group # *

Plan *