



**Saucony Smiles**  
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Powered by Dental Intelligence

## DENTAL INSURANCE INFORMATION

| DOB:

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### Primary Insurance Information

Do you have a dental insurance?  
Would you like to upload insurance card photo?  
Patient's relationship to the Insurance Holder  
Policy Holder's Name  
Policy Holder's Date of Birth  
Policy Holder's SSN  
Policy Holder's Address  
Policy Holder's City  
Policy Holder's State  
Policy Holder's ZIP  
Policy Holder's Phone Number  
Policy Holder's Employer  
Dental Insurance Company  
ID Number  
Group Number  
Phone number on the back of your insurance card  
Address on the back of your insurance card

### Secondary Insurance Information

Do you have a secondary dental insurance?  
That's all! If you would like to add secondary insurance, you need to provide primary insurance first.  
  
Would you like to upload insurance card photo?  
Patient's relationship to the Insurance Holder  
Policy Holder's Name  
Policy Holder's Date of Birth  
Policy Holder's SSN  
Policy Holder's Address  
Policy Holder's City  
Policy Holder's State  
Policy Holder's ZIP  
Policy Holder's Phone Number  
Policy Holder's Employer

**Dental Insurance Company**

**ID Number**

**Group Number**

**Phone number on the back of your insurance card**

**Address on the back of your insurance card**