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Saucony Smiles

162 Trexler Ave, Kutztown, PA 19530 (610) 683-0454 www.sauconysmiles.com/

DENTAL INSURANCE INFORMATION | DOB:

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

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