



**STL Urgent Dental**  
4171 Crescent Dr # 102, St. Louis, MO 63129  
(314) 200 3880  
[www.stlurgentdental.com/](http://www.stlurgentdental.com/)

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## DENTAL INSURANCE INFORMATION

| DOB:

### Primary Insurance Information

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|                                                                                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| STL URGENT DENTAL is a PREMIER DELTA DENTAL insurance provider. We are not in network with any other dental insurance Company. All other patients will be SELF PAY. |  |
| Do you have DELTA 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      |  |