



Gilbert 602-626-9599
Queen Creek 602-635-2569

T H O R P E

INSURANCE INFORMATION SHEET

To be filled out by patient or guardian:

Date: _____

Patient _____ DOB _____

Insured _____ DOB _____

SS# _____

Employer _____

Insurance Co. _____

Phone # _____ Group# _____

Primary _____ or Secondary _____

To be filled out by office staff:

Max \$ _____ Effective Date _____

Deductible \$ _____ Does It Apply to Preventive? Y N Met? Y N

Preventive _____ Basic _____ Major _____

Oral Surgery considered as _____

Is General Anesthesia Covered? Y N @ _____

Has any benefits been used? Y N How Much? _____

Mailing Claims To: _____

Address _____

City, St. Zip _____

Spoke To? _____