

Stovall & Cheng, D.D.S., P.L.L.C.

4900 Overton Ridge Blvd., Suite 112
Fort Worth, Texas 76132
Telephone (817) 292-5957
Fax (817) 292-0763

Patient's Name _____ Name of Insured _____

Employer of Insured _____

Dental Insurance Information

Please help us serve you better when you visit our office for the first time. If you have dental insurance coverage, please call your insurance company IN ADVANCE of your visit. If there is no coverage, please disregard this request. Please ask the following important questions and write the information below. In all cases, we are a non-participating provider. We are NOT a DMO provider of any type. Keep in mind that insurance benefits are between you and your insurance carrier and you are ultimately responsible for the fees associated with treatment.

1. What is the effective date of the policy?
2. What is the annual deductible?
3. What is the annual maximum benefit?
4. What is the address and phone number of the insurance company?
5. What is your Identification and Group number for the policy?
6. Have any of your benefits been used? If so, what amount remains?

Please answer the following questions before you arrive for your visit. If at any time during treatment there is a change in your insurance information, it is your responsibility to inform our office. We kindly request that you bring both the completed insurance and new patient information forms with you to your first visit.

Thank you for your help in advance,

Leslie Anthony
Amy Brown
Administrators