

SPECIALISTS IN PEDIATRIC DENTISTRY
JAMES W. ORBON, D.D.S.
DAVID S. MADDOX, D.D.S., M.S.

SPECIALISTS IN ORTHODONTICS
GARY T. KLEIN, D.D.S., M.S.
THOMAS H. LIM, D.D.S., M.S.



INSURANCE INFORMATION FORM

Patient's Name: _____

Patient's Address: _____

City: _____ State: _____ Zip: _____

Employer's Name: _____

City: _____ State: _____ Zip: _____

Employee's Name: _____

Address: _____

(if different than patient's address)

City: _____ State: _____ Zip: _____

Employee's Birthdate: _____

Employee's SS#/ID#: _____

Insurance Carrier: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Group Number: _____

Direct Payment to Provider: _____

(Signature)

Affiliated Account Number: _____ Scanned: _____

DEERPATH PROFESSIONAL BUILDING
ONE E. PHILLIP RD., SUITE 102
VERNON HILLS, IL 60061
Call: 847.367.6055
Fax: 847.367.6079

GURNEE MEDICAL OFFICES
36100 N. BROOKSIDE DR., SUITE 205
GURNEE, IL 60031
Call: 847.263.1842
Fax: 847.367.6079

Please complete this insurance questionnaire in its ENTIRETY.

If you have any uncertainties about this information, please consult with your Personnel or Human Resources Department. Frequently, employers have different insurance carriers for their medical and dental coverage. Do not rely on your medical card alone for answers.

For your convenience, claims are submitted generally within a 24-hour period, so please supply us this information as soon as possible.

*******PLEASE NOTE*******

IF YOU HAVE A DMO POLICY, our services will not be covered, nor submitted.

IF YOU HAVE DELTA DENTAL as your insurance carrier, we will submit you claim, but please note we are not network providers. Payment will be due at time of service, since Delta will pay you directly.

Our fax # (847) 367-6079

Our address is: Affiliated Dental Specialists
 One E. Phillip Road, Suite 102
 Vernon Hills, IL 60061