ADVANCED
PROSTHETIC
RESTORATIONS

P.O Box 261684, Plano, TX 75026
Tel: (972)696-9497 Fax: (469)409-6142
sverma@advancedprostheticrestorations.com

Insurance Verification

Patient's name: Date of Birth:

Address:

City: State:

Telephone #:

Email:

Do you give consent to be contacted via email regarding insurance and financial information? YES NO

Patient Signature:

Primary Insurance information (are you covered by private or employer provided health insurance?)

Insurance Company:

Address for Claims:

City: State:

Telephone #: Fax #:

Employer or Group Name:

Group Number:

Insured's Identification number:

Insured's Name: Relation to patient:

Is pre-authorization necessary? Insured birth date:

Secondary Insurance Information (Do you have a Secondary or supplemental Insurance Policy?)

Insurance Company:

Address for Claims:

City: State:

Telephone #: Fax #:

Employer or Group Name:

Group Number:

Insured's Identification number:

Insured's Name: Relation to patient:

Is pre-authorization necessary? Insured birth date: