

Jack Schwartz D.D.S.



Insurance Information

To avoid misunderstandings regarding dental insurance, we wish our patients to know that all professional services rendered are charged directly to the patient and that patients are personally responsible for payment of fees. We will prepare all necessary forms or reports to help you obtain your benefits from insurance companies, upon receipt of full (or partial) payment of bill. We do not render our services on the basis that insurance companies will pay all our fees. Each fee is individual for the patient.

If you have dental benefits and would like us to assist you in receiving disbursement from them, kindly provide us with the following information:

Insured Member's Information

Name(Last) _____ (MI) _____ (First) _____ DOB __ / __ / __

Address _____ Apt. _____ City _____ State _____ Zip _____

Employer _____ Occupation _____ Bus. Num. _____

Please Circle: Social Security # or Member ID# _____

Group/Policy# _____

Insurance Company's Information

Insurance Company Name _____

Insurance Company Phone Number _____

Dental Claim Mailing Address _____

Signature _____

(Parent or Guardian, if patient is a minor)

Date _____

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