

Thomas H. Holmes, D.D.S.
2202 Universal City Blvd.
Universal City, TX. 78148

Insurance Information

If you are covered by dental insurance, please complete the following information and return to our office along with the completed patient information and the financial policy.

Please complete this form in its entirety. Failure to complete all information may result in our inability to file a dental claim with your insurance company.

Insured Information

Subscriber/Sponsor/Insured Name: _____

Relation to patient: Spouse/ Parent / Other: _____
(Circle One)

Address: _____

City/State/Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Social Security #: _____ Date Of Birth: _____

Place of Employment: _____

Who is the patient: _____ Date Of Birth: _____

Insurance Company Information

Insurance Company Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Group Plan Name: _____ Group #: _____

Covered Persons: _____

Effective Date: _____

Plan Type: PPO, Standard, DMO, DPO (Circle One)