

Dr Rick Dentistry

www.drrickdentistry.com

19120 N. Pima Rd | Ste #110 • Scottsdale, AZ 85255

office@drrickdentistry.com

(480)585-4244

Patient Name: _____
Last First MI Preferred Name

Address: _____
Address 1 Address 2

City State Zip Code

Phone: _____ **Best time to call:** _____
Home Mobile Work Ext

Name of Insured: _____
Last First MI

Insured's Birth Date: _____ **ID #:** _____ **Group #:** _____

Insured's Address: _____
Address 1 Address 2

City State Zip Code

Insured's Employer Name: _____

Employer Address: _____
Address 1 Address 2

City State Zip Code

Patient's relationship to insured: Self Spouse Child Other

Insurance Plan Name: _____

Insurance Address: _____
Address 1 Address 2

City State Zip Code

Response Date: _____