



Dr. Lamont B Jacobs Orthodontics

513-829-7045
1242 Nilles Rd. Fairfield, Ohio 45014
5279 Morning Sun Rd. Oxford, Ohio 45056
www.teethstr8.com
info@teethstr8.com

Insurance Info Sheet

The following information sheet **MUST be completed in FULL** in order for our office to file insurance claims on your behalf. **DO NOT LIST ANY MEDICAL ONLY INSURANCE POLICIES**, they will not cover orthodontic services.

Patient Name: _____

Patient Date of Birth: _____

DENTAL Insurance Company: _____

Claims Address: _____

City, State Zip: _____, _____

Subscriber Name: _____

Subscriber Date Of Birth: _____

Subscriber Social Security #: _____ - _____ - _____

Employer: _____

Member/Subscriber/Policy ID: _____

Group #: _____

Please use a separate sheet to list any additional insurance policies

- Due to HIPAA Privacy Regulations, we are not able to contact another dental office to retrieve your dental insurance benefit