



CRYSTAL LAKE ENDODONTICS

Practice Limited to Endodontics
Phone: 815-455-9155 Fax: 815-455-3603



SPECIALIST MEMBER

Anupama Sridhar, D.D.S.
610 Crystal Point Dr, Ste 6,
Crystal Lake, IL 60014

INSURANCE INFORMATION

Name of Insured _____ Relationship to patient _____

Birthdate _____ Social Security Number _____

Name of employer _____ Work Phone _____

Address of employer _____ City _____ State/Zip _____

Insurance company _____ Group# _____ Union/Local _____

Insurance company address _____

City _____ State/Zip _____

Insurance company phone number _____

Amt. of deductible _____ Amt. used _____ Max. annual benefit _____

I authorize release of any information relating to this claim. I understand that I am responsible for all costs of dental treatment. I hereby authorize payment directly to the named dentist of the group insurance benefits otherwise payable to me.

SIGNED _____ DATE _____

Due to the new Federal HIPPA laws we are unable to obtain any information from your insurance company other than verifying coverage. We need COMPLETE information on your insurance at the time of your appointment or full balance will be due at that time.