



Dental Insurance Verification Form

Dr. Lussier is not a contracted provider with any insurance plans. Payment is due in full at each visit. Kerrville OMS does not bill medical insurance or Medicare/Medicaid. HMO or DHMO plans will not reimburse out of network. PPO plans may reimburse. Please contact your insurance carrier as to how they can best support you.

As a courtesy, Kerrville OMS will file a dental claim on the patient's behalf with the information you provide below. We are asking for you to help us help you. Incomplete information may prevent us from filing your claim. Reimbursement for services provided would be based on your insurance carrier's guidelines.

Subscriber: _____

Subscriber's date of birth: _____

Subscriber's social security number: _____

Patient: _____

Patients date of birth: _____

Relationship to Patient: _____

Insurance company: _____

Insurance company's claim address: _____

Group number: _____

Payer ID number: _____

Subscriber number: _____

The information provided above is accurate and the most current policy information. I understand subsequent or secondary filings will be the subscriber's responsibility.

Subscriber's or Patient's signature: _____