Philip H. Iffland, D.D.S., Inc.

A Private Practice of General Dentistry Providing Restorative, Cosmetic, and Implant Dentistry

A Certified Lumineers Practice

4912 Hills and Dales N.W., Canton, Ohio 44708

Ph. 330.478.0019 Fx. 330.478.1310 iffland dds@prodigy.net

Because Many Changes Have Occurred In Dental Insurance For Our Patients, It Is Necessary To Update Insurance Information
Please Complete And Return In The Enclosed Envelope With Your Payment. Thank You.

PRIMARY INSURANCE	SECONDARY INSURANCE
SUBSCRIBER'S NAME	SUBSCRIBER'S NAME
SUBSCRIBER'S EMPLOYER	SUBSCRIBER'S EMPLOYER
SUBSCRIBER'S SS #	SUBSCRIBER'S SS #
GROUP POLICY #	GROUP POLICY #
*SUBSCRIBER'S INS. ID #	* SUBSCRIBER'S ID #

*For Security Reasons, Some Insurance Carriers are Beginning to Use an ID Number in Place of the Social Security Number.

In Order to Determine the Amount Due at the Time of Service, We Use the Standard Estimated Coverage of:
100% for Preventive
75% for Basic
50% for Major
$50.00 Annual Deductible
$1000.00 Individual Annual Maximum

If Your Coverage Differs from the Standard as Listed Above, Please Complete the Following,

________% PREVENTIVE	________% PREVENTIVE
________% BASIC	________% BASIC
________% MAJOR	________% MAJOR
$____________ INDIV. ANNUAL MAX.	$____________ INDIV. ANNUAL MAX.
$____________ ANNUAL DEDUCTIBLE	$____________ ANNUAL DEDUCTIBLE

ON THE REVERSE, PLEASE LIST THOSE IN YOUR FAMILY (include LAST NAME if different from subscriber),
WHO ARE COVERED BY THIS/THESE INSURANCE CARRIER(S)

PLEASE WRITE BELOW THE NAME(S) OF THE INSURANCE CARRIERS TO WHICH YOU SUBSCRIBE.
LIST THOSE FAMILY MEMBERS WHO ARE COVERED BY EACH.
INDICATE WITH A “P” OR AN “S” WHETHER THAT CARRIER IS THE PRIMARY OR SECONDARY FOR THAT PERSON

INSURANCE CARRIER NAME	INSURANCE CARRIER NAME