



**Harvest Dental Farmersville**  
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harvestdentaltexas.com/

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## DENTAL INSURANCE INFORMATION

| DOB:

### Primary Insurance Information

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Do you have a dental insurance?	
Would you like to upload insurance card photo?	
Patient's relationship to the Insurance Holder	
Policy Holder's Name	
Policy Holder's Date of Birth	
Policy Holder's SSN	
Policy Holder's Address	
Policy Holder's City	
Policy Holder's State	
Policy Holder's ZIP	
Policy Holder's Phone Number	
Policy Holder's Employer	
Dental Insurance Company	
ID Number	
Group Number	
Phone number on the back of your insurance card	
Address on the back of your insurance card	

### Secondary Insurance Information

Do you have a secondary dental insurance?	
That's all! If you would like to add secondary insurance, you need to provide primary insurance first.	
Would you like to upload insurance card photo?	
Patient's relationship to the Insurance Holder	
Policy Holder's Name	
Policy Holder's Date of Birth	
Policy Holder's SSN	
Policy Holder's Address	
Policy Holder's City	
Policy Holder's State	
Policy Holder's ZIP	
Policy Holder's Phone Number	

Policy Holder's Employer	
Dental Insurance Company	
ID Number	
Group Number	
Phone number on the back of your insurance card	
Address on the back of your insurance card	

### Insurance Consent

Harvest Dental is a non-contracted dental office, we are willing to assist you by filing your dental insurance claims on your behalf as a courtesy. This means that we will handle the administrative task of submitting the necessary paperwork and documentation to your insurance company, which can save you time and effort.

However, it's important to note that being a non-contracted dental office means that we do not have a direct agreement with your insurance company regarding specific rates and fees. As a result, you may be responsible for any remaining balance not covered by your insurance. This includes deductibles, co-payments, and any services or procedures that are not covered by your insurance plan.

Harvest Dental chooses to be a non- contracted office to ensure that you are provided the best dental care that you deserved.

Patient's signature:

Date: