

ADULT & CHILD
ORTHODONTISTS



PEDIATRIC
DENTISTS

Michael J. Mayhew, DDS, MS, PA
Diplomate, American Board of Orthodontics
Diplomate, American Board of Pediatric Dentistry

Nicole R. Scheffler, DDS, MS
Diplomate, American Board of Orthodontics

Stacy A. Conn, DMD
Diplomate, American Board of Pediatric Dentistry

Martha V. Hardaway, DMD, MS
Diplomate, American Board of Pediatric Dentistry

DENTAL INSURANCE INFORMATION

In order to assist you in determining your dental insurance benefit, the following information is necessary:

Name of Patient: _____ Date of Birth: _____

Name of Insured: _____ Date of Birth: _____

Address: _____

Social Security #: _____ Telephone: _____

Employed by: _____

Address: _____

Insurance Company: _____ Policy/Group #: _____

Address of Insurance Company: _____

Insurance Company Telephone: _____

Is patient covered under another dental plan? If so, please complete the following information:

Name of Insured: _____ Date of Birth: _____

Address: _____

Social Security #: _____ Telephone: _____

Employed by: _____

Address: _____

Insurance Company: _____ Policy/Group #: _____

Address of Insurance Company: _____

Insurance Company Telephone: _____

I hereby authorize release of any information relating to this claim.

Signature Date _____

I hereby authorize payment of insurance benefits directly to the below named dentist.

Signature Date _____

Please notify our office of any changes in your insurance policy as soon as possible.