ORANGE BEACH FAMILY DENTISTRY
Lauren H. Lee, DMD

Insurance
Information Release Form

Policy Holder's Information

	❑ Male ❑ Female	/ /	- -
Policy Holder's Name		Birthday	Social Security Number
	❑ Male ❑ Female	/ /	- -
Spouses Name		Birthday	Social Security Number

Please Initial:
_____ I authorize release of any information relating to my claim.
_____ I authorize payment directly to
_____ I understand that all fees not paid by insurance are my responsibility.

Print Patient Name	Patient Signature	Date

Employee Signature

Note: If you have an insurance card, please give it to the receptionist so she can make a photocopy which will help in speeding your insurance claim.

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