



Justin Pagan, DDS, MSD  
Orthodontic Specialist

Today's date: \_\_\_\_\_

**Include only your dental insurance information – no medical please.**

In order for us to inquire on your orthodontic coverage, all of the following information must be completed and returned to:

Justin Pagan D.D.S., M.S.D. (425) 775-3564  
Orthodontic Specialists

**Orthodontic Insurance Information**

Patient Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group Number: \_\_\_\_\_

Insurance Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Insurance Card ID or Social Security Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Dept./Division: \_\_\_\_\_

**Secondary Dental Insurance Information**

Insurance Company: \_\_\_\_\_ Group Number: \_\_\_\_\_

Insurance Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Insurance Card ID or Social Security Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Dept./Division: \_\_\_\_\_