



Justin Pagan, DDS, MSD  
Orthodontic Specialist

## Orthodontic Insurance Information

Please do not include your medical coverage- dental info only 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

Patient's Name \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_

Insurance Company Phone # \_\_\_\_\_

Street or PO Box \_\_\_\_\_

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

Name of Employee \_\_\_\_\_

Birthday of Employee \_\_\_\_\_

Social Security # of Employee \_\_\_\_\_

Policy Holder's Employer \_\_\_\_\_

ID # on insurance card if different from Social \_\_\_\_\_

Employer's Address \_\_\_\_\_

Department/Division \_\_\_\_\_

### If Covered By More Than One Dental Insurance, Please Fill In:

Patient's Name \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_

Insurance Company Phone # \_\_\_\_\_

Street or PO Box \_\_\_\_\_

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

Name of Insured \_\_\_\_\_

Birthday of Insured \_\_\_\_\_

Social Security # of Insured \_\_\_\_\_

Policy Holder's Employer \_\_\_\_\_