APPLE CREEK ORTHODONTICS LTD of Appleton
Great Smiles. Made Here.

James J. Tomassetti, DMD
Diplomate, American Board of Orthodontics
Edward Y. Lin, DDS, MS
Andrew W. Eichholz, DDS, MS

Patient name: _____
(Last, First, Middle)

The information in this area pertains to a dental insurance company that may help cover the costs of care.

Dental Insurance ☐ Yes ☐ No If yes, please complete this section

Insurance company: _____ Phone: _____

Insurance address: _____ City: _____ State: _____ ZIP: _____

Insured: _____ Relationship to patient: _____

Employer: _____ Group #: _____

Insured ID #: _____ SSN: _____

Insured's date of birth: _____

Dental Insurance 2

Insurance company: _____ Phone: _____

Insurance address: _____ City: _____ State: _____ ZIP: _____

Insured: _____ Relationship to patient: _____

Employer: _____ Group #: _____

Insured ID #: _____ SSN: _____

Insured's date of birth: _____

Medical Insurance Do not complete this portion if not applicable to your circumstances.*

Insurance company: _____ Phone: _____

Insurance address: _____ City: _____ State: _____ ZIP: _____

Insured: _____ Relationship to patient: _____

Employer: _____ Group #: _____

Insured ID #: _____ SSN: _____

Insured's date of birth: _____

* In some special instances, medical insurance may cover some orthodontic services. These situations usually involve accidents, birth defects, and sometimes problems involving jaw bones (TMJ). In most cases, medical insurance will not apply.

Signature of insured person: _____ Date: _____

I hereby authorize payment directly to Apple Creek Orthodontics, Ltd. unless otherwise specified.