



Ruby Canyon Dental
2552 Patterson Rd, Grand Junction, CO 81505
(970) 241-1313
www.rubycanyondental.com/

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DENTAL INSURANCE INFORMATION

| DOB:

Secondary Insurance Information

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Do you have a secondary dental insurance?	
That's all! If you would like to add secondary insurance, you need to provide primary insurance first.	
Would you like to upload insurance card photo?	
Patient's relationship to the Insurance Holder	
Policy Holder's Name	
Policy Holder's Date of Birth	
Policy Holder's SSN	
Policy Holder's Address	
Policy Holder's City	
Policy Holder's State	
Policy Holder's ZIP	
Policy Holder's Phone Number	
Policy Holder's Employer	
Dental Insurance Company	
ID Number	
Group Number	
Phone number on the back of your insurance card	
Address on the back of your insurance card	



PRIMARY INSURANCE INFORMATION

Do you have a dental insurance?

NOTICE: PLEASE BE AWARE THAT RUBY CANYON DENTAL ACCEPTS ALL PPO PLANS; WE ARE OUT OF NETWORK FOR AETNA, UNITED CONCORDIA, BLUE CROSS BLUE SHIELD, AND DHA/SUNLIFE.

If you have an out-of-network insurance, you can still receive dental care at our office. Please note that going out-of-network may impact your insurance benefits, and any unpaid balance will be billed directly to you.

- For Cleanings & Exams: Patients are not required to pay upfront for services provided. We have seen cleanings receiving significant coverage when benefits are available, we can't guarantee a specific rate; we will continue to manage the billing with your insurance company.
- For Treatment Appointments: We kindly request a 50% payment upfront.
- If the insurance payment does not meet or exceeds our anticipated amount, we will bill or refund the patient accordingly.

We advise patients to verify their insurance coverage before your appointment. Thank you.

We'd also like to note that we unfortunately cannot bill Medicaid, Medicare, or CHP+. However, we'd still be happy to see you and do offer a Ruby Canyon Dental Savings Plan. Please call or text us for more information on this plan. (970) 241-1313.

Would you like to upload insurance card photo?	
Patient's relationship to the Insurance Holder	
Policy Holder's Name	
Policy Holder's Date of Birth	
Policy Holder's SSN (Most insurances require this information)	
Policy Holder's Address	
Policy Holder's City	
Policy Holder's State	
Policy Holder's ZIP	
Policy Holder's Phone Number	
Policy Holder's Employer	
Dental Insurance Company	
ID Number (Please enter SSN # if you don't have the ID #)	
Group Number (Please type N/A if you are unsure)	
Phone number on the back of your insurance card	
Address on the back of your insurance card	