Joseph C. Elkins, D.D.S.
3733 Hixson Pike
Chattanooga, TN 37415
Phone #: (423) 877-2415
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Dental Insurance

Primary Dental Insurance Company Name:_____

Employer: _____

Group #: _____ ID #: _____ Phone # of Ins.: _____

Name of person carrying Insurance: _____ DOB:_____

SSN of person carrying Insurance: _____ Relation to patient: _____

Secondary Dental Insurance Company Name: _____

Employer: _____

Group #: _____ ID #: _____ Phone # of Ins.: _____

Name of person carrying Insurance: _____ DOB:_____

SSN of person carrying Insurance: _____ Relation to Patient: _____

****IF YOU HAVE AN INSURANCE CARD-PLEASE LET ME MAKE A COPY****

What is your yearly Deductible? _____
Secondary?: _____
What is your yearly Maximum?: _____
Secondary?: _____
How much have you used?: _____
Secondary?: _____

Dr. Joseph C. Elkins, D.D.S. - Consent to Call Form

If we need to call you, please list contact Names and Numbers below:

1. Name: _____ Number: _____
Relationship
2. Name: _____ Number: _____
Relationship
3. Name : _____ Number: _____
Relationship

_____ _____
Patient Signature Date

(Over)