

Current Dental Health Services Ltd.

470 Hodder Ave
Thunder Bay, ON P7A7X5

(807)683-5222

currentriverdental@shaw.ca
www.currentriverdental.ca



Name of Policy Holder: _____ MI _____
Last First

Date of Birth (mth/day/yr): _____

Name of Insurance Plan: _____

Group #: _____

ID#: _____

Dependents under policy:

Pt. Name and Relationship: _____

* self spouse child other

Pt. Name and Relationship : _____

spouse child other

Pt. Name and Relationship : _____

child other

Pt. Name and Relationship: _____

child other

Pt. Name and Relationship : _____

child other

Pt. Name and Relationship : _____

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Pt. Name and Relationship : _____

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I hereby assign my benefits, payable from claims submitted electronically, to Dr. Mason and/or Dr. Jasic at Current River Dental and authorize payment directly to him/her.

This authorization shall continue in effect until the undersigned revokes the same.

Applicable

Not Applicable: I prefer and agree to pay for treatment in full at time of appointment and have my dental insurance plan reimburse me the eligible amount stated within my policy.

Signature: _____

Date:

I authorize release, to my benefits plan administrator and the CDA, information contained in claims submitted electronically. I also authorize the communication of information related to the coverage of services described to the named Dentist.

This authorization shall continue in effect until the undersigned revokes the same.

Signature: _____

Date:

(Signature of patient, parent, or guardian)

Response Date: