# Insurance Information

SOUTHERN ORTHODONTIC SPECIALISTS, P.C.

HUNTER B. HARRISON, D.D.S., M.S.

**Office Use Only**

TC w/ _____

Date _____

Maximum _____% _____

Remaining Benefit _____

Deductible _____

Effective Date _____

Waiting Period _____

Age Limit _____

Date _____

Patient's Name _____

Patient's Date of Birth _____

# Employee's Information

Employee's Name _____ SSN: _____

Employee's Date of Birth _____ Group # _____

Employer _____ Employment Status ◯ Active ◯ Retired

Insurance Company _____ Ins. Co. Phone _____

Address for Claims Submission _____

Employee's Signature _____

I hereby authorize payment directly to Southern Orthodontic Specialists, P.C.

7732 Airways Boulevard | Southaven, Mississippi 38671 | 662-349-0777

256 Poplar View Parkway | Collierville, Tennessee 38017 | 901-853-9934