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| Simply endo Tijuana

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| simplyendotj@hotmail.com |
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| office: 664 200-2669cel. phone: 664 123-1817 |
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| facebook:simply endo tijuana by christian lópezgoogle maps:simply endo tijuana |
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| ADDRESSCALLE DURANGO 2232 INT. 2ACOLONIA MADERO, CP 22040TIJUANA, MÉXICO  |
| OFFICE HOURSMON-SAT: 9:00AM to 7:00 pmSUN: PLEASE CALL FOR APPOINTMENT |

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| us insurance VERIFICATION formMOST US INSURANCEs WELCOME – only ppoPlease provide the following information in order to obtain your dental benefits and anual balance from your dental insurance.This process make take up to 48 hours.At Simply Endo we care about your personal information. Every data you provide is strictly confidential and intended to use only for insurance verification. Verification will be provided to: Dr. Christian López Rosas | Root Canal SpecialistCed. Prof. 7900222 Ced. Esp. 10123681 |
| PERSONAL INFORMATIONSocial Security Number: \_\_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Male [ ]  Female[ ] DOB: \_\_\_/\_\_\_\_/\_\_\_\_ Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| insurance and employer informationInsurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Group Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Insurance Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employer Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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