

Family Dental of South East Wisconsin, S.C.
Dr. Tom Casey and Dr. Erin Haugen
10202 West Hayes Avenue
West Allis, WI 53227
414-321-2720

I _____
Authorize my signature to be on file to allow benefits to be paid to Family Dental of
South East Wisconsin, S.C. for dental services.

I understand I am financially responsible for any expense not covered by this insurance.

Signature _____ Date _____

Dental Insurance Primary Coverage

Employee name _____

Employee date of birth _____

Social Security # _____

Employer _____

Insurance Carrier _____

Address _____

Phone number _____ Policy # _____

Dental Insurance Second Coverage

Employee name _____

Employee date of birth _____

Social Security # _____

Employer _____

Insurance Carrier _____

Address _____

Phone # _____ Policy # _____
