

Jin Kim DMD  
2605 Eastern Ave Suite 2  
Sacramento Ca 95821  
(916) 481-3234 phone  
(916) 481-4101 fax  
[jinkimdmd@gmail.com](mailto:jinkimdmd@gmail.com)

Dental Insurance

Insurance Company Name \_\_\_\_\_

Insurance Company Phone Number \_\_\_\_\_

Name of Subscriber \_\_\_\_\_

Subscriber Date of Birth \_\_\_\_\_

Subscriber Dental ID# \_\_\_\_\_

Patient Name \_\_\_\_\_

Patient Date of Birth \_\_\_\_\_

Patients are financially responsible for all dental procedures. An insurance estimate will be provided for dental services. There is no guarantee for dental insurance payment.

May the office staff of Jin Kim D.M.D contact you regarding your insurance and or account balance?

Yes // NO

May the office staff of Jin Kim D.M.D leave a message on the phone number/numbers that you have provided?

Yes // NO