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| Simply endo  Tijuana  |  | | --- | |  | | [simplyendotj@hotmail.com](mailto:simplyendotj@hotmail.com) | |  | | office: 664 200-2669cel. phone: 664 123-1817 | |  | | facebook:simply endo tijuana by christian lópezgoogle maps:simply endo tijuana | |  | | ADDRESS CALLE DURANGO 2232 INT. 2A  COLONIA MADERO, CP 22040  TIJUANA, MÉXICO | | OFFICE HOURS MON-SAT: 9:00AM to 7:00 pm  SUN: PLEASE CALL FOR APPOINTMENT | |  | |  | | --- | | 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 Specialist  Ced. Prof. 7900222 Ced. Esp. 10123681 | | PERSONAL INFORMATION Social Security Number: \_\_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Male  Female  DOB: \_\_\_/\_\_\_\_/\_\_\_\_ Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | insurance and employer information Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Group Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Insurance Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employer Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |