
PRIMARY Insurance Information

White, Roan & Associates
2590 Park Center Boulevard, Suite 100
State College, PA 16801
(814) 234-6826

Policy Holder's Name:

Policy Holder's Address:

Policy Holder's SS#:

Birth Date:

Policy Holder's Employer:

Employer Address:

Employer Phone:

Dental Insurance Name:

Address of Dental Insurance:

Phone number:

Group Number:

Type of Dental Plan:

Persons/birth dates covered under this dental insurance plan:

* If you are covered by a secondary insurance plan, please fill out the "SECONDARY Insurance Information" form also.