

**DR BOB ADLER**

**Dentistry at the  
Clairhurst Medical Building**

1466 Bathurst Street Suite 204  
Toronto, Ontario M5R 3S3  
Telephone 416-532-6689  
Facsimile 416-532-7608

Email [info@drbobadler.com](mailto:info@drbobadler.com)  
Website [www.clairhurstdental.ca](http://www.clairhurstdental.ca)

---

**ELECTRONIC DENTAL CLAIMS SUBMISSION**

Our office submits your dental insurance claims and estimates to insurers in an electronically secure format to allow for timely reimbursement of treatment and payments to you. However, some insurers continue to require paper claims submissions. In both cases we ask that you complete the indicated fields below to allow us to serve you as effectively as possible.

Please email/send/bring this form to our office when completed. Thank you for your assistance!

NAME, BIRTHDATE AND SOCIAL INSURANCE NUMBER OF POLICYHOLDER

EMPLOYER'S NAME ADDRESS AND TELEPHONE NUMBER

INSURANCE COMPANY

GROUP POLICY NUMBER

CERTIFICATE NUMBER

NAMES AND BIRTHDATES OF ALL DEPENDENTS (use other side if needed)

Please note that if you have coverage from more than one insurer, please provide the above information for the second policy holder on the reverse of this page. I authorize the release to my insuring company(ies) plan administrator, in order to submit claims/estimates submitted electronically and assign, when appropriate, my benefits payable to them from claims submitted by the above dental office. I also agree to receive email and text messages to facilitate my dental care and payments.

---

Signature of subscriber