



# Eligibility Verification

Office: CLXEDIN1

RX Number: RX555463971

Date: 2/1/2018

ExtraDent Rep: Ruth

Ins. Rep: Ben

## Patient and Subscriber

Patient First Name: Elizabeth

Middle:

Last: Victor

Suffix (Jr, Sr, etc):

Date of Birth: 03/08/1980

Subscriber First Name: Sally

Middle:

Last: Victor

Suffix (Jr, Sr, etc):

Date of Birth: 11/01/2001

ID: 995278936

## Insurance Address

Insurance Company: Dental Benefits

City: Seattle

Claims Mailing Address: PO Box 1548

State: OR Zip: 98105

Address Line 2:

Phone Number: 888-555-6448

## Policy Information

Effective Date: 01/01/2018

Termination Date: 01/01/2019

Group Number: CDQ150

Remaining Benefits: 1153.25

## Notes