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**INSURANCE FORM**

As a courtesy to our patients we will be happy to submit your Primary Insurance claims. We are currently in network with the following PPO insurance plans:

- Aetna PPO
- United Concordia/UNUM PPO
- Assurant PPO
- Cigna PPO

For all other insurance plans we are considered out of network. Please make sure you have a PPO Insurance Program that pays Usual and Customary.

**OUR OFFICE ONLY SUBMITS PRIMARY INSURANCE – PATIENTS WILL NEED TO SUBMIT ANY SECONDARY INSURANCE.**

EMPLOYER NAME: \_\_\_\_\_

SUBSCRIBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

MEMBER ID OR SS#: \_\_\_\_\_

GROUP #: \_\_\_\_\_

**PRIMARY INSURANCE INFO.**

Name, Claims Mailing Address, Telephone #, Payor ID #

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**All Covered Dependents**

**Date of Birth**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_