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**Insurance Verification FORM**

**PRACTICE NAME:** Yoshi Larson

**Provider's Name:** Giacomo Castaneda Email Address: zacejykimu@mailinator.com

**Provider's Contact Number: (Phone)** 264      **(Mobile)** +1 (321) 764-8074

**Tax Number:** 487 **NPI Number:** 688 **License Number:** 621

**Clinic Address:** Praesentium amet mi

**CONTACT PERSON (Dedicated Person to Communicate)**

**Name:** Lana Ingram **Email Address:** qogeguvy@mailinator.com **Contact Number:** 702

**PRACTICE MANAGEMENT SOFTWARE:** Qui velit sunt ipsa

**TYPE OF PATIENT INSURANCE:** PPO, CASH

**CLINICAL HOURS AND DAY:** MON, WED, SAT, SUN

**OASIS DENTAL CALL CENTER CONTACT INFORMATION**

**WEBSITE:** www.oasisdentalcallcenter.com

**EMAIL:** JOEGABUCAN@PROTONMAIL.COM

**PHONE:** (408) 307?2633

**OFFICE HOURS:** MONDAY TO SATURDAY 8AM – 6PM (CALIFORNIA TIME)