

3. Would you consider mail order if it saved you money? YES/NO
4. Would you consider changing pharmacies if it saves you money? YES/NO

Please send me information of Dental Insurance: YES/NO

My current Dentist is:

Name: _____

Address: _____

As always, your referrals are very much appreciated. If you know of someone who might benefit from ANY of our services, please complete the following information:

Name: _____

Phone: _____ Email: _____

Address: _____

City: _____

Please send to:

Binning Insurance
P.O Box 574
DeForest, WI 53532

Questions?

Call Maureen at 608-234-1521.

Thank you for choosing Binning Insurance!