

INSURANCE BENEFIT DETAILS

SINCE THE INTRODUCTION OF THE PRIVACY ACT IT HAS BECOME INCREASINGLY DIFFICULT FOR US TO OBTAIN INFORMATION REGARDING YOUR DENTAL BENEFITS AND COVERAGE LEVELS. SHOULD YOU WISH FOR US TO HELP YOU UNDERSTAND YOUR COVERAGE DETAILS PLEASE CALL YOUR INSURANCE CARRIER AND REQUEST THE INFORMATION BELOW. THIS WILL HELP US ASSIST YOU BETTER.

PROVIDED BY DENTAL OFFICE	TODAY'S DATE: _____
Policy Holder Name: _____	Insurance company phone # _____
Policy # _____	ID/CERTIFICATE # _____

WHAT YOU SHOULD ASK:

1. What fee guide year does my plan pay? (ex: 2010; current etc): _____
2. Do you have an annual deductible? \$ _____
Is it for the whole family or per person? _____
3. What is my Plan year (renewal timeline)? (ex calendar year, rolling year): _____
4. What are my yearly maximums for?
 - a. Basic Treatment: \$ _____
 - b. Major Treatment: \$ _____
 - c. Is this a Combined Maximum or Separate? _____
 - d. What % is paid for Basic Treatment? _____ %
5. Major Treatment? _____ %
6. 4. How Many units of scaling per policy years do I receive? _____
7. 5. How frequently am I covered for:
 - a. Recall Exam (code: 01202) _____ months
 - b. Perio recall Exam (code 49101) _____
 - c. Comprehensive Oral Evaluation (code 01103) _____ years
 - d. Panoramic Xray (code 02601) _____ years
8. 6. Is a Perio Appliance (code 14612) covered? _____
9. 7. Are composite (white) fillings covered on Molar teeth? _____

*Please bring this information to the office at your next appointment or email it to us at
Dentistrydunnville-patientcoordinator@hotmail.com*

Information Obtained by: _____ Date: _____