

Dear Patients,

It is our office policy to provide you with an estimate before treatment starts. Please always ask for an estimate if you do not have one. We will also try to help you understand your insurance coverage based on the information shown in the insurance booklet you provided as well as the information given to us by the insurance company over the phone. But since the Privacy Act was enacted, insurance companies have made it literally impossible for third parties like dental offices to obtain your insurance information in your absence.

In order to make things easier for you, we have designed the following form to help you obtain your insurance information. Simply call your insurance company, ask the questions listed and then circle the right answers or fill in the blanks. Once this information is obtained, we will try our best to help you understand your insurance coverage. Since insurance policies are changed on a regular basis, it is advisable to update your insurance information with your insurance company at least yearly at the beginning of your benefit year.

Please note that any advice our office provides regarding your insurance policy is for your reference only and we do not guarantee our interpretation to be correct. In case the reimbursement from your insurance company for any treatment provided is different from what we estimated, payment for any outstanding balance remains your responsibility.

Insurance company Name: _____

Policy Number: _____ Certificate / I.D. Number: _____

Date Updated: _____ Insurance Representative's Name: _____

Is this an Individual or Family Plan? Individual / Family

Which year's fee guide is it based on? Current / Previous Year / Year _____

Is the Benefit year based on calendar or fiscal year? Calendar / Fiscal

If based on fiscal year, what is the start and end day of the Benefit year?
Start Date: _____ End Date: _____

Is there any deductible? Yes / No

If yes, how much is it per person and per family?
\$25 / \$50 / \$ _____ per person
\$25 / \$50 / \$ _____ per family

What is the percentage coverage for Basic Treatment? _____%

What is the percentage coverage for Diagnostic Treatment? _____% / Included in Basic

What is the percentage coverage for Preventive Treatment? _____% / Included in Basic

What is the percentage coverage for Periodontal and Endodontic Treatment?
_____% / Included in Basic

What is the percentage coverage for Major Treatment? _____%

What is the percentage coverage for Orthodontic Treatment? _____%

Are the maximum for Basic and Major separated or combined? Separated / Combined

- If separated, what is the maximum for Basic Treatment? No limit/\$ ___ per calendar/benefit year
what is the maximum for Major Treatment? No limit/\$ ___ per calendar/benefit year
- If combined, what is the maximum for Basic and Major Treatment combined?
No limit/\$ ___ per calendar/benefit year

Is there any maximum for Orthodontic Treatment? No limit/\$ ___ lifetime maximum
Is there any age limit for Orthodontic Treatment? No limit/ under age ___ only

Is there any frequency limit for:

- Full mouth examination (01103)? Once every 24 / 36 / ___ months
- Specific examination (01204)? No limit / ___ times per ___ months
- Emergency examination (01205)? No limit / ___ times per ___ months
- Recall examination (01202)? Once every 6 / 9 / ___ months
- Panorex radiographs (02601)? Once every 24 / 36 / ___ months
- Bitewing radiographs (02142)? Once every 6 / 9 / ___ months
- Oral Hygiene Instruction (13211)? Once every ___ months / ___ times per lifetime
- Is there any age limit for oral hygiene instruction? No limit/ under age ___ only
- Scaling Units? No limit/ ___ units every 12 rolling months/calendar/benefit year
- How often can scaling and root planning be done? No limit / once / twice per 9 months/year
- Fluoride treatment (12101)? Once every 6 / 9 / ___ months
- Is there any age limit for fluoride treatment? No limit/ under age ___ only

Does the plan cover:

- Periodontal Irrigation (49211)? Yes / No / Pre-determination required
- Desensitization (41301)? Yes / No / Pre-determination required
- Interproximal Slicing (16201)? Yes / No / Pre-determination required
- Night Guards (14611)? Yes / No / Pre-determination required
- Fissure Sealants (13401)? Yes / No / Pre-determination required

Is there any age limit for fissure sealants? No limit/ under age ___ only
Are fissure sealants allowed on premolars (e.g. tooth #14)? Yes / No

Are composite (white) fillings allowed on molars (23322) (e.g. tooth #16MO)? Yes / No

Is EDI allowed under this plan? Yes / No

How much have I and/or my family members spent so far for the current year?

How much do I and/or my family members still have for the current year?

Patient Signature: _____

Date: _____