

Insurance Coverage Questionnaire

Dear Patient,

In order for us to help you maximize your insurance benefits, would you please call your dental insurance company prior to your visit with our office and ask them the following questions regarding your dental coverage? Please bring it with you to your appointment. Thank you for your cooperation.

Your Name _____ SS # _____

Your Address _____

Your Home Phone Number _____ Work Number _____

Your Relationship to Policy Holder _____ Your Date of Birth _____

Policy Holder's Name _____ Date of Birth _____

Policy Holder's SS# _____ OR Subscriber ID# _____

Insurance Company Name _____

Claims Submission Address _____

Insurance Company Group Number _____

Insurance Company Phone Number _____

Benefits Provided

Do you have a deductible? _____ How much is the deductible? _____

How often is the deductible applied? _____

Is there a yearly maximum amount of coverage? _____

What is the calendar year for the plan? _____

Is there a wait period for any benefits? _____

What are the frequency limitations for hygiene check-ups? _____

The insurance company will pay how much for the following services?

_____ % Diagnostic - examination, x-rays

_____ % Preventative – professional cleaning, fluoride treatment, sealants

_____ % Restorative – amalgam (silver), resin (tooth colored), and sedative fillings

_____ Does your plan “down code” resin (tooth colored) fillings on back teeth?

_____ % Major Restorative - crowns, bridges

_____ % Endodontics – pulp cap, root canal therapy

_____ % Periodontics – root planning, periodontal maintenance

_____ % Prosthodontics – dentures, partial dentures

_____ % Oral Surgery – extraction, surgical extraction

_____ % Implant Coverage

_____ % Orthotic Device/Splint Coverage