

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