

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 return it during your next appointment. Thank you for your cooperation.

Your Name _____ Social Security Number _____ - _____ - _____

Your Address _____

Your Home Phone Number _____ Work Number _____

Policy Holder's Name _____

Policy Holder's Social Security Number _____ - _____ - _____

Your Relationship to Policy Holder _____ Your Date of Birth _____

Insurance Company Name _____

Insurance Company ID Number _____

Insurance Company Address _____

Insurance Company Phone Number _____

Insurance Company Contact Person _____

Benefits Provided

Are your benefits on a fiscal or annual calendar? _____ What is your deductible? _____

How often is the deductible applied? _____

Is there a yearly coverage maximum? _____

Are predeterminations required? _____

What will the insurance company pay for the following services:

_____ %Diagnostic-examinations, x-rays, lab tests

_____ %Preventative-professional cleaning, fluoride treatment, sealants, space maintainers

_____ %Basic Restorative-amalgam (silver), resin (tooth colored), sedative fillers

_____ % Major Restorative- gold cap, root canal therapy

_____ %Endodontics- pulp cap, root canal therapy

_____ %Periodontics- gingivectomy, gingival curettage, root planing, periodontal

_____ % Prosthodontics- dentures, partial dentures, bridges

_____ %Orthodontics- inceptive, comprehensive

Is there a missing tooth clause? _____