

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? We have provided a self addressed stamped envelope for you to mail this back to our office or you may bring it with you to your appointment. Thank you for your cooperation.

Your Name _____ Social Security # _____

Your Address _____

Your Home Phone Number _____ Work Number _____

Policy Holder's Name _____

Policy Holder's Social Security # _____

Your Relationship to Policy Holder _____ Your Date of Birth _____

Insurance Company Name _____

Insurance Company Address _____

Insurance Company Phone Number _____

Insurance Company Contact Person _____

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? _____

Are pre-determinations required? _____

Is there a wait period for any benefits? _____

What is the turn around time? _____

Is there a congenitally missing tooth clause? _____ A missing tooth clause? _____

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

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

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

_____ % Restorative – amalgam (silver), resin (tooth colored), and sedative fillings, gold inlay, onlay and crowns

_____ % Endodontics – pulp cap, root canal therapy

_____ % Periodontics – gingivectomy, gingival curettage, root planning, periodontal maintenance

_____ % Prosthodontics – dentures, partial dentures, bridges

_____ % Oral Surgery – extraction, surgical extraction, biopsy

_____ % Orthodontics – interceptive, comprehensive

_____ % Implant Coverage