

Insurance Coverage Questionnaire

Dear Patient with Dental Insurance (if applicable),

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? Thank you.

Patient name _____ Social Security# _____

Patient address _____

Policy Holder's Name _____

Policy Holder's Social Security # _____ Policy Holder's Date of Birth _____

Patient relationship to Policy Holder _____ Patient Date of Birth _____

Policy Holder's Employer _____

Insurance Company Name _____

Insurance Company Address _____

Insurance Company Phone Number _____

Benefits Provided

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

How often is the deductible applied? _____ Has deductible been met? _____

Is there a maximum amount of coverage? _____ Calendar or Fiscal Year? _____

Have any benefits been used for the coverage year? _____

Are pre-determinations required? _____

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

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

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

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

_____ % Endodontics- pulp cap, root canal therapy

_____ % Periodontics- root planning, periodontal maintenance

_____ % Prosthodontics- dentures, partial dentures, bridges, crowns

_____ % Oral Surgery- extraction, surgical extraction, biopsy

_____ % Orthodontics- interceptive, comprehensive, Up to what age? _____

Frequencies

How often are cleanings allowed? _____ Anytime? _____

How often is fluoride allowed? _____ Anytime? _____

How often is a Panorex/Full Mouth Series X-rays allowed? _____

Last date of Panorex/Full Mouth Series X-ray? _____

How often are Bite Wing X-rays allowed? _____ Last date of Bite Wing X-ray? _____