

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 make 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 _____

Policy Holder's Name _____

Policy Holder's Social Security # _____

Your Relationship to Policy Holder _____

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

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

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

