

Insurance Coverage Information Sheet

Patient Name: _____

Insurance Company Name: _____

Policy # _____

I.D./Certificate # _____

Employer Name: _____

Questions to ask your insurance company

Will you send direct payment to my dental office (assignment) Yes/No

What is the yearly maximum? \$ _____

Is there a deductible? Yes/No if yes, amount \$ _____

Is this maximum for both basic and major services combined? Yes/ No

If there is a separate maximum for major, what is it? _____

Basic coverage is at what % _____

Major coverage is at what % _____

Is my coverage based on a calendar year? Yes/No

· If no, benefit year begins _____ and ends _____

Fee guide year is _____

Recalls (check-ups) are covered every 6 9 12 other _____

Do I have fluoride coverage? YES/NO

· If yes, how often

· If yes, is there an age limit? YES/NO age _____

Do I have prophylaxis coverage YES/NO

Can I have white fillings (composite) on molar teeth? YES/NO

Is there a limit on how many fillings I can have in one appointment? _____

How many units are available to me for cleanings? _____

· Are there any additional limitations I need to be aware of for my cleanings?

What coverage do I have for X-rays?

Other information I may need to know:

Please bring this form back to our office and we will be more than happy to review your plan, limitations and help answer any questions you may have in regards to your insurance and the treatment we have recommended for you and your family.

I understand that it is my responsibility to inform the Manor Dental Centre of any changes to my insurance plan, and any fees that are not reimbursed by my plan are 100% my responsibility.

Signature of Patient _____ Date:
