

DENTAL INSURANCE QUESTIONNAIRE

To assist you in understanding your insurance coverage better, please call your insurance carrier prior to your appointment and ask the following questions.

In order for us to accept assignment from your insurance company we need to know certain areas of your insurance coverage. Please be aware that your insurance is between yourself and your insurance company. We cannot access this information ourselves. All other information we may require can be preauthorized to your insurance company.

Date: _____ Insurance company: _____

Yearly deductible: _____ Benefit or calendar year: _____

Basic % _____ Major% _____

How often are recall exams allowed? _____

How many scaling units per benefit or calendar year are covered? _____

Is fluoride treatment covered for adults and children? _____

Are white fillings covered on molar teeth? _____

What is my maximum per benefit or calendar year? _____

Is it combined with basic and major or separate? _____

Print Name: _____ Signature: _____