

Details YOU should know about YOUR Dental Insurance Plan

Please complete and bring with you to your initial visit.

Insurance Company _____

Policy Holder _____ D.O.B. _____

Employer _____

My Policy or Group Plan # _____

My Certificate / ID # _____

My yearly Deductible is \$ _____

My Maximum is \$ _____ per

calendar year

fiscal year from _____ to _____

My recall (check-up) interval is every

_____ months for adults.

_____ months for children.

Fluoride is covered for

Adults yes no

children yes no

Up to age _____

Maximum units of scaling _____ per

calendar year

fiscal year from _____ to _____

12 month period

Fee schedule my insurance company uses _____

Basic services are covered at _____ %

Major services are covered at _____ %

It may be necessary to contact your insurance company to keep track of changes to your plan, especially if you are involved in an extensive treatment plan. Remember that specialist's fees also accumulate towards your maximum.

It is your responsibility to be aware of the details of your plan. If your plan changes, new forms are available from our reception team.