

Insurance Coverage Breakdown

In order for us to accept assignment from your insurance company we are required to know certain areas of your dental insurance plan. Please be aware that there is a *confidentiality agreement* between yourself and your insurance company. We cannot access this information ourselves. All other information we may require may be preauthorized on your behalf. (Major Treatment Only)

Date:	Insurance Company:
Yearly Deductible:	Benefit or Calendar Year:
Basic Percentage:	Major Percentage:
Orthodontic Percentage:	
How often are recall exams allowed?	
<u>Is the <i>Periodontal Evaluations</i> covered (dental code: 49101)</u> <i>The Periodontal Evaluation is provided regardless of coverage due to the pertinent information gathered. This is a diagnostic tool that allows the hygienist to assess the health of your mouth and treat you accordingly.</i>	
How many units of scaling units per benefit or calendar year?	
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? (Circle)	Yes or No
If it is separate what is each maximum?	
Basic Maximum: _____	
Major Maximum: _____	
Lifetime Ortho Maximum:	

Print Client Name: _____

Signature: _____