

Your Neighbourhood Dentist

Dental Insurance Plan Breakdown

We will gladly bill your insurance provider for your treatment; however, each and every single insurance plan has its own unique set of frequencies and limits. Due to current privacy laws, many insurance companies **will not** provide us with any information regarding **your plan**.

To serve you best, please take the time to contact your insurance provider or benefit administrator and ask all the information below. Then bring this form along to your appointment time and we will enter the information in our computer system to help you keep track of your plan.

Patient's Name: _____ Patient's D.O.B. _____
Subscriber's Name: _____ Subscriber's D.O.B. _____

Insurance Provider: _____
Group Number: _____ ID#: _____

Basic Treatment: _____ % Maximum Limit: \$ _____
Major Treatment: _____ % Maximum Limit: \$ _____
OR COMBINED Maximum Limit: \$ _____ Deductible: _____
Plan Renewal Date: _____
Orthodontic Treatment: _____ % Lifetime Limit: \$ _____

Frequency of New Patient Exams: Once every _____ years
Frequencies of Recall & Specific Exams: Once every _____ months
Frequencies of Polishing & Fluoride: Once every _____ months
Age Limit for Fluoride Treatments: Under _____ years old Or _____ No age limit
Frequencies for Bitewings X-Rays: Once every _____ months
Frequencies for Panoramic X-Rays: Once every _____ years
Number of Units for Scaling/Root Planing Per Benefit Year: _____
Is code 13211 (OHI - 1 unit) covered under this plan? _____ yes _____ no
Is code 49101 (Perio Re-Eval) covered under this plan _____ yes _____ no
Is code 41301 (Desensitize - 1 unit) covered under this plan _____ yes _____ no

Please Note:

Your insurance policy is an **agreement between you, your employer and the insurance company** that provides your benefits.

Not all services may be covered by your insurance and any fees not covered are the patient's responsibility.

Every insurance plan has its own unique limitations, way of coordinating benefits, exceptions and fee schedule, therefore, it is the **patient's responsibility** to understand and advise our office to the limits of the insurance coverage. **We cannot guarantee your individual coverage.** Your insurance company may request a pre-determination of benefits to be submitted prior to treatment. Our office will be happy to submit a pre-determination for any major treatment you may require. It is **your responsibility** to update your insurance information with us whenever your insurance plan coverage may change or if you switch to another insurance provider.