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Insurance Work Sheet

Please call your insurance company to have these questions answered

Patient's Name: _____

Insurance Company and Phone Number :_____

Insurance Company Phone Number:_____

What is the annual maximum per person?_____

Does the insurance company go by calendar year or benefit year?_____

On what year fee guide are your benefits paid?_____

Is there an annual deductible?_____

How many scaling units are covered?_____

What is the recall interval (ie. 6 month or 9 month)?_____
Bitewing x-ray, polish and fluoride?_____
Complete oral exam and Pan x-ray?_____

What percentage of coverage is allowed for the following?
Basic ____% Major ____%

Are resin (white) filling covered on molars?_____

Is endodontic and/or periodontal treatment classified as basic or major?_____

Is there any specialist coverage?_____

Preventive Services

Are the following preventive services covered? Please circle YES or NO

12101: YES / NO How often?_____

49101: YES / NO How often?_____

13211: YES / NO How often?_____

13231: YES / NO How often?_____

43511: YES / NO How often?_____