

Dear Patient,

In order for us to help you maximize your insurance benefits, would you please call your dental insurance company prior to your visit with our office and ask them the following questions regarding your dental coverage? You can bring this form along with the Health History form for your first appointment. Thank you for your cooperation.

**Benefits Provided**

Are your Benefits on a fiscal or annual calendar? \_\_\_\_\_ What is your deductible? \_\_\_\_\_

How often is the deductible applied?

\_\_\_\_\_

Is there a yearly coverage maximum?

\_\_\_\_\_

What will the insurance company pay for the following services:

\_\_\_\_\_ % Diagnostic – examinations, x-rays, lab tests

\_\_\_\_\_ % Preventative – Professional cleaning, fluoride treatment, sealants, space maintainers

\_\_\_\_\_ % Basic Restorative – resin (tooth colored), sedative fillers

\_\_\_\_\_ % Major Restorative – Gold inlay, onlay and crowns

\_\_\_\_\_ % Endodontics – pulp cap, root canal therapy

\_\_\_\_\_ % Periodontics – gingivectomy, gingival curettage, root planing, periodontal maintenance

\_\_\_\_\_ % Prosthodontics – dentures, partial dentures, bridges

\_\_\_\_\_ % Orthodontics – inceptive, comprehensive

Are TMJ splints covered?     Y / N

Are you on a “fee schedule” or “UCR” coverage? \_\_\_\_\_