

INSURANCE BENEFIT DETAILS

SINCE THE INTRODUCTION OF THE PRIVACY ACT IT HAS BECOME INCREASINGLY DIFFICULT FOR US TO OBTAIN INFORMATION REAGRADING YOUR DENTAL BENEFITS AND COVERAGE LEVELS. SHOULD YOU WISH FOR US TO HELP YOU UNDERSTAND YOUR COVERAGE DETAILS, PLEASE CALL YOUR INSURANCE CARRIER AND REQUEST THE INFORAMTION BELOW: THIS WILL HELP US ASSIST YOU BETTER.

	vided By Dental Office	Today's Date: Insurance Company Phone #
Polic	y #	ID/ Certificate #
WHAT YOU SHOULD ASK:		
1. What fee guide does my plan pay? (ex: 2017; current etc):		
2. What is my plan year (renewal timeline)? (ex calendar year, rolling year):		
3. What are my yearly maximums for?		
a.	Basic Treatment: \$	
b.	Major Treatment: \$	
c.	Is this a Combined Maximum or Separate?	
d.	What % is paid for: i. Basic Treatment?	
	ii. Major Treatment?	
4. How many units of scaling per policy years do I receive?		
5. How frequently am I covered for:		
a.	Recall Exam (Code 01202)	months
b.	Perio Recall Exam (Code 49101)	
c.	Comprehensive Oral Evaluation (Code 01103)	years
d.	Panoramic Xray (Code 02601)	years
6. Is a perio Appliance (Code 14612) covered?		
7. Are composite (white) fillings covered on Molar Teeth?		