

## Insurance Information Sheet

We have developed this insurance information sheet in order to help you fully understand your insurance coverage. We are happy to accept your primary insurance payment however your policy may not cover the full amount of the procedure and it is the patient's responsibility to pay the difference. We accept cash, Visa, Master Card and Debit.

Due to the strict Confidentiality guidelines our communication with your insurance carrier is limited, therefore we have developed this sheet with some common questions to ask your insurance company. Please return this form prior to your first visit at Dentistry on Brant otherwise we will not be able to send your claims electronically and you will be required to pay the full amount.

1. Are there any deductibles? How much? \_\_\_\_\_
2. What is my yearly maximum? \_\_\_\_\_ Is there a Separate maximum for Major Restorative? How much? \_\_\_\_\_ Crown and bridge \_\_\_\_\_?
3. Coverage for Preventive \_\_\_\_\_, Basic \_\_\_\_\_, and Major \_\_\_\_\_?
4. How frequent can I have a recall, x-rays \_\_\_\_\_, Prophy \_\_\_\_\_, fluoride (is there an Age Limit?) \_\_\_\_\_, periodontal services \_\_\_\_\_
5. Do you require an estimate prior to any major work such as surgery? \_\_\_\_\_
6. Do I have alternate benefit coverage? \_\_\_\_\_
7. Does this plan run on a calendar year? \_\_\_\_\_
8. Number of scaling units per year? \_\_\_\_\_
9. Do you cover composite fillings on molars? \_\_\_\_\_ How much? \_\_\_\_\_
10. Do I have Orthodontic Coverage? \_\_\_\_\_ is there an age limit? \_\_\_\_\_
11. When was my last Complete Oral Exam? \_\_\_\_\_ Code: 01103

Insurance provider: \_\_\_\_\_ Policy number: \_\_\_\_\_  
ID number: \_\_\_\_\_

**Dr. Mary Anne New DDS**