

INSURANCE

Due to the privacy act, our office cannot obtain pertinent information about your dental plan. Please consider phoning your insurance provider to request the following information so that together we can provide optimum care.

PLEASE ASK YOUR INSURANCE COMPANY THE FOLLOWING QUESTIONS.

1. Does my plan have a yearly maximum? YES NO \$_____
2. Is my insurance on a rolling year? Starting month _____
 -OR-
 Is my insurance on a calendar year? (JAN1-DEC31)? _____

SCALING

1. How many units of scaling/root planning are allowed per year? _____ is it a rolling year? _____ if yes, is it 6/9/12 months _____ **OR** is it calendar year? _____
2. How often is polish and fluoride covered? _____
3. Is there an age limit on fluoride? _____

CHECKUPS AND XRAYS

How often are the following procedures covered?

1. New Patient Exams _____
2. Recall Exams ADULTS _____ CHILDREN _____
3. X-rays (bitewings) ADULTS _____ CHILDREN _____
4. Is there a limit on x-rays (e.g. 15 x-rays in a 3 years period) _____
5. Panoramic X-rays _____

You may also want to request information on what % is covered for basic, major and orthodontics. For orthodontics, you will need to ask if there is an age limit, and if there is a maximum separate from the maximum previously mentioned. We appreciate your help in obtaining this information.