Dentistry in Streetsville
WHERE DENTISTRY BECOMES art

Phone: 905-821-8221 Fax: 905-821-3821

INSURANCE COVERAGE INFORMATION

You have been provided this questionnaire to help you to obtain necessary basic information from your benefits carrier to assist you in making informed decisions about your dental care. Carriers will not release information to dental offices as per the PIPEDA Act and the booklets they provide often leave out important information. Please complete this form and return it to our office.

NAME OF PATIENT: _____ DATE OF BIRTH _____
NAME OF INSURED PERSON:_____DATE OF BIRTH_____
INSURANCE COMPANY _____
POLICY or GROUP # _____ID/CERTIFICATE/SIN #_____

HOW MANY UNITS OF SCALING (11116) DO THEY PAY PER YEAR?_____
HOW MANY UNITS OF ROOT PLANING (43426) DO THEY PAY PER YEAR?_____

HOW *OFTEN* DO THEY PAY FOR:

RECALL EXAM (01202) _____ POLISHING (11101) _____
FLUORIDE (12101) _____ BITEWING X-RAYS (02142) _____
ORAL HYGIENE INSTRUCTION (13211) _____
PANORAMIC X-RAYS (02601) _____FULL EXAM (01103) _____

WHAT TYPE OF YEAR IS IT? BENEFIT_____, CALENDAR_____
ROLLING 12 MONTHS_____, OTHER_____
HOW MUCH IS THE DEDUCTIBLE? _____FOR MAJOR WORK?_____
WHAT FEE GUIDE DOES THE PLAN GO BY? CURRENT_____, OTHER_____
WHAT IS THE % THEY PAY FOR:
DIAGNOSTIC _____BASIC WORK _____, ROOT CANALS_____,
CROWN/BRIDGE _____ DENTURES _____, ORTHODONTICS_____

DO THEY PAY FOR COMPOSITE FILLINGS ON MOLAR TEETH? _____

WHAT IS THE MAXIMUM PER YEAR? $_____MAJOR MAX$_____

DO THEY PAY FOR ANY PART OF IMPLANTS?
SURGERY (79931) _____, ABUTMENT (26101) _____,PROSTHESIS (27215) _____

DO THEY PAY FOR: LAUGHING GAS (NITROUS OXIDE-92416)? _____
ORAL SEDATION (92426) _____,GENERAL ANAESTHETIC (92218) _____

NAME OF INSURANCE REPRESENTATIVE: _____
DATE INFORMATION RECEIVED: _____

All treatment recommended in our office is exactly on the same basis for all patients whether you are insured or not. There are many types of insurance coverage; therefore we are providing you with this Questionnaire to assist in a better understanding of your coverage.