

DENTAL INSURANCE QUESTIONNAIRE

We will gladly bill your insurance for your treatment. However, each and every single insurance plan has its own unique set of frequencies and limits. Due to current privacy laws, many insurance companies **will not** provide us with any information regarding **your plan**. To serve you best, if you could prior to your appointment, take the time to contact your insurance provider and inquire about the following. Then bring this form along at your appointment time, we will enter the information in our computer system to help keep track of your individual limits.

SUBSCRIBER'S NAME: _____

INSURANCE PROVIDER: _____

GROUP/POLICY #: _____ CONTRACT/ ID #: _____

PLAN RENEWAL DATE: _____

BASIC TREATMENT: _____% ANNUAL LIMIT: \$ _____

MAJOR TREATMENT: _____% ANNUAL LIMIT: \$ _____

FREQUENCY OF NEW PATIENT EXAMS (01103): ONCE EVERY _____ YEARS

PERIODONTAL EXAM (01501): _____

FREQUENCIES OF RECALL EXAMS (01202): ONCE EVERY _____ MONTHS

FREQUENCIES OF POLISHING (11101) & FLUORIDE (12111 Rinse, 12112 Gel/ Foam, 12113 Varnish): ONCE EVERY _____ MONTHS

AGE LIMIT FOR FLUORIDE TREATMENTS: UNDER _____ YEARS OLD OR _____ NO AGE LIMIT

FREQUENCIES FOR BITEWING XRAYS (02144): ONCE EVERY _____ MONTHS

FREQUENCIES FOR PANORAMIC XRAYS (02601): ONCE EVERY _____ YEARS

FREQUENCIES FOR PERIAPICAL XRAYS (02112): ONCE EVERY _____ MONTHS

NUMBER OF UNITS FOR SCALING (11111) PER BENEFIT/CALENDAR YEAR: _____

PLEASE NOTE:

Your insurance policy is an agreement between you and the insurance company that provides your benefits. Not all services may be covered by your insurance and any fees not covered are the patient's responsibility. Every insurance plan has its own unique limitations, exceptions and fee schedule, therefore it is the patient's responsibility to understand and advise our office to the limits of the insurance coverage. **We can not guarantee your individual coverage.**

Our office will be more than happy to submit a preauthorization for any major treatment you may require.

It is your responsibility to update your insurance information with us whenever your insurance plan may change or if you switch to another insurance provider.

NAME PRINTED

SIGNATURE

DATE