



# policy basics

## your dental insurance plan and you

Due to confidentiality agreements and privacy restrictions on the part of your insurer, information about your policy details may not be accessible to us. We appreciate your taking the time to become familiar with how your plan operates. If you would like us to have an understanding of your policy benefits and limitations, please complete this form and return it to us. You're also welcome to drop off your insurance booklet.

**Name of My Insurance Company:** \_\_\_\_\_ **My Policy Number:** \_\_\_\_\_

My annual deductible is: \$ \_\_\_\_\_ or *not applicable* My plan runs on a : \_\_\_\_\_ **benefit year / calendar year**

My annual dollar maximum is: \$ \_\_\_\_\_ for **basic** service and \$ \_\_\_\_\_ for **major** service

<b>Basic</b> treatment is covered at	50%	60%	70%	75%	80%	85%	90%	95%	100%
<b>Major</b> treatment is covered at	50%	60%	70%	75%	80%	85%	90%	95%	100%

### Routine Care and Procedure Codes

*Help us assist you in planning your routine care*

QUESTIONS TO ASK YOUR INSURER	procedure code	Please <b>initial</b> the appropriate box:		
Is my <b>periodontal general exam</b> covered?	01501	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
How often are my <b>recall</b> exams allowed?	01202	<input type="checkbox"/> 6 months	<input type="checkbox"/> 9 months	<input type="checkbox"/> 12 months
How often is my <b>Panoramic x-ray</b> allowed?	02601	<input type="checkbox"/> 5 years	<input type="checkbox"/> 3 years	<input type="checkbox"/> 2 years
How often are my <b>bitewing x-rays</b> allowed?	02141	<input type="checkbox"/> 12 months	<input type="checkbox"/> 9 months	<input type="checkbox"/> 6 months
How many <b>periapical x-rays</b> are covered per year?	02111	<input type="checkbox"/> 10 PAs	<input type="checkbox"/> 8 PAs	<input type="checkbox"/> <5 PAs
How many <b>units of scaling</b> do I have per year?	n/a	_____		
Is my <b>periodontal evaluation</b> covered?	49101	_____ (a diagnostic assessment)		
Is <b>fluoride</b> covered?	12101	<input type="checkbox"/> 6 months	<input type="checkbox"/> 9 months	<input type="checkbox"/> 12 months
Is <b>polishing</b> covered?	11101	<input type="checkbox"/> 6 months	<input type="checkbox"/> 9 months	<input type="checkbox"/> 12 months

Name of Dependants/Spouse Covered by This Policy:

\_\_\_\_\_  
Name of Policy Holder

\_\_\_\_\_  
\_\_\_\_\_  
Name of Dependants/Spouse Covered by This Policy:

\_\_\_\_\_  
Signature of Policy Holder

\_\_\_\_\_  
Date of Form Completion