

**PATIENT INSURANCE BREAK-DOWN INQUIRY**

INSURANCE COMPANY: \_\_\_\_\_

PLAN # \_\_\_\_\_ I.D. # \_\_\_\_\_

**DO I HAVE COVERAGE FOR THE FOLLOWING:**

- 01202 \_\_\_\_\_ How often: \_\_\_\_\_
- 11101 \_\_\_\_\_ How often: \_\_\_\_\_
- 11111 \_\_\_\_\_ How often: \_\_\_\_\_ How many units ? \_\_\_\_\_
- 12101 \_\_\_\_\_ How often: \_\_\_\_\_
- 43421 \_\_\_\_\_ How often: \_\_\_\_\_ How many units ? \_\_\_\_\_
- 43521 \_\_\_\_\_
- 02144 \_\_\_\_\_ How often: \_\_\_\_\_
- 01103 \_\_\_\_\_ How often: \_\_\_\_\_ \* Are you covered as of today? \* New Patient Exam
- 02601 \_\_\_\_\_ How often: \_\_\_\_\_ \* Are you covered as of today? \* Panorex Xray
- 02102 \_\_\_\_\_ How often: \_\_\_\_\_ \*Are you covered as of today? \* Full Mouth Xrays

**GENERAL POLICY INQUIRY:**

FEE GUIDE YEAR: \_\_\_\_\_ (Important to know)

IS YOUR PLAN ON A CALENDAR YEAR (Jan-Dec) OR A BENEFIT YEAR?  
\_\_\_\_\_

IS THERE A DEDUCTIBLE? \$25 / \$50 /\$75 / \$100 ? \$ \_\_\_\_\_

**DENTAL YEARLY INSURANCE MAXIMUMS AND PERCENTAGES FOR:**

ROUTINE TREATMENT: \$ \_\_\_\_\_ @ \_\_\_\_\_ % \_\_\_\_\_  
(cleanings, fillings, extractions etc.)

MAJOR TREATMENT: \$ \_\_\_\_\_ @ \_\_\_\_\_ % \_\_\_\_\_  
(Crowns, dentures,bridgework, implants etc.)

ORTHODONTIC TREATMENT \$ \_\_\_\_\_ @ \_\_\_\_\_ % \_\_\_\_\_

**COMPOSITE (WHITE) FILLING COVERAGE ON MOLARS:**

**Example only** : Proc #23322 TOOTH # 46 MO (SURFACE) –

COVERED : \_\_\_\_\_ NOT COVERED: \_\_\_\_\_

**DENTAL CLAIMS SUBMISSION:**

E.D.I. SUBMISSION ACCEPTED ? \_\_\_\_\_

ASSIGNMENT OF BENEFITS TO D.D.S. ACCEPTED ? \_\_\_\_\_

DATE: \_\_\_\_\_ SPOKE TO: \_\_\_\_\_

