



Insurance Information- Policy Holder

PATIENT NAME

DOB

POLICY#

ID#

What is the annual maximum covered per patient?

Major

Basic

Combined

What is the anniversary date of the policy?

Is there an annual deductible? If yes, how much is it?

What fee guide year is the policy on?

How many units of scaling/or root planning are covered per year?

Does this plan cover comps and molars?

What is the frequency covered for:-

Recall

Fluoride

OHI

What percentage of coverage is there for the following:-

Diagnostic %

Preventative %

Restorative %

Endodontic %

Periodontal %

Major treatment %

Is Endo/or Perio treatment classified as Basic or Major treatment?

Is Orthodontics covered under this plan? If yes, is there an age limit?

What is the frequency of the following?

Bitewings

months

Panorex

months

COE

months

Fmx

months

EDI

Assignment

Specialist Coverage