



Insurance Coverage Breakdown

In order for us to accept assignment from your insurance company we are **required** to know certain areas of your dental insurance plan. Please be aware that there is a *confidentiality agreement* between yourself and your insurance company. We cannot access this information ourselves. All other information we may require may be preauthorized on your behalf.

Date:	Insurance Company:
Yearly Deductible:	Benefit or Calendar Year:
Basic Percentage:	Major Percentage:
How often are recall exams allowed? _____	
Is the <i>Periodontal Evaluation</i> covered? (dental code: 49101) _____	
How many scaling units per benefit/calendar year? _____	
Is fluoride treatment covered for adults and children? _____	
Are white fillings covered on molar teeth? _____	
What is my maximum per benefit/calendar year? _____	
Is it combined with basic and major? (Circle)	Yes or No
If it is separate what is each maximum? Basic maximum: _____	
Major maximum: _____	

Print client name:

Signature: