

INSURANCE INFORMATION WORKSHEET

Essential Questions to Ask Your Dental Insurance Carrier

The Privacy Act in Canada restricts the amount of information that businesses in the private sector can collect and disclose about individuals. Due to this federal act, it is sometimes difficult, if not impossible for us to find out specific details about your insurance coverage. This information is protected and accessible only by YOU.

For us to be more knowledgeable about your insurance plan and what benefits you have, we would kindly appreciate that you help us by actively communicating with your insurance company and asking them the following questions. We thank you in advance for helping us to provide you with the best service possible.

Questions to ask your insurance company:

Insurance company name: _____

Group/Plan/Policy number: _____

ID or certificate number: _____

1. What is the maximum benefit that I qualify for each year?

2. Is the maximum benefit based on a calendar year (Jan-Jan) or per 12 consecutive months? _____
3. How much do I have left for this year on my dental insurance plan? \$ _____
4. Is there an individual deductible applied per year? How much is it? \$ _____
5. If applicable, what is the family deductible maximum per year? \$ _____
6. What percentage of BASIC DENTAL TREATMENT does my plan cover (this includes: emergency care, root canal therapy, fillings, dental sealants, etc.)? _____
7. Are composite fillings covered on molar teeth? _____
8. What percentage of MAJOR DENTAL TREATMENT does my plan cover (this includes: crowns, bridges, complete & partial dentures)? _____
9. How often am I covered for a new patient exam **OR CODE 01103**? _____
10. How often am I covered for a recall examination (routine cleaning exam) **OR CODE 01202**? _____
11. How many units of scaling and root planning am I covered for?

12. Is coverage for my scaling and root planning based on a calendar year, every 12 months, or every 9 months? _____
13. How often am I covered for:
Panoramic xray **OR CODE 02601**? _____
Bitewing xray **OR CODE 02141**? _____
Polishing **OR CODE 11101**? _____
Flouride **OR CODES 12111, 12112, 12113**? _____