
Dental Insurance Information and Understanding your Plan

Dental insurance is a valuable method of offsetting the costs associated with dental care. Unfortunately, dental plans are based on a contract drawn up between your employer and your insurance company and reflect coverage for the general public rather than reflecting coverage for your individual dental needs. Therefore, please keep in mind that what is recommended by your dentist may not always be covered by your plan.

There are thousands of dental plans available. Our dental team members do not have access to the particulars of **your** insurance plan. Although we provide estimates for recommended treatment and submit dental claims on your behalf, we can **never guarantee** what your final costs will be until we submit an estimate and/or receive payment from your insurance company. We strongly recommend that you make efforts to read over and understand your specific dental plan and its limitations/frequencies and plan provisions. Any questions you have regarding your plan should be directed to your insurance company for accurate information.

The Privacy Act prevents us from accessing important information about your plan directly, such as plan provisions, frequency limitations, and various specifics of your plan. We do, however, ensure efforts to make note of this information on your file when it is obtained, so that we may book you accordingly. Insurance clauses and limits change frequently and dental offices are not informed of any changes. If there are any changes or modifications to your plan please contact our office and inform us of any changes so we may update our records.

Please take a moment to contact your insurance company to obtain the details requested below so we may better assist you when booking your appointments. Please return the requested information to our office at your earliest convenience. Should you have any questions please contact us at 250-383-2133

Name of the Insurance Carrier: _____

Policy year: _____ **(Calendar Year or Rolling Year) Deductible?:** _____

Current Fee Guide used?: _____

Insured Member's name: _____

Insured Member's date of birth: _____

Dependent number (for the child that we are seeing): _____

Group/Plan/Policy Number: _____ **Division #:** _____

ID/Certificate Number: _____

Coverage Percentages: Basic _____ **Major:** _____

Annual \$ Maximum: _____ **Combined max for Basic and Major?** _____

Recall Exam Frequency: _____

of Scaling/Root Planning Units: _____

Composite Coverage on molars?: _____

- *If you have 2 insurance coverages obtain information for both policies*
- Please bring this form completed to your next appointment or e-mail / fax it to us ahead of time