

Insurance Coverage Questionnaire

Dear Patient,

In order for us to help you maximize your insurance benefits, with the help of your benefits book or customer service rep with your insurance company please answer the following questions regarding your dental coverage. If we are not able to verify insurance benefits we ask that you take care of services provided until your insurance company information and benefits can be determined.

Please fax this form to our office at 208- 323-9409, e-mail it to teresas@allseasonsdentalboise.com or bring it with you to your appointment. Thank you for your cooperation.

Patient Name _____ Relationship to insured _____ DOB _____

Insured's Name _____ DOB _____

Insured's Social Security # _____ ID # _____

Insured's Employer _____

Insurance Co.Name _____ Phone # _____

Insurance Co. Address _____

Is your insurance - Traditional _____ PPO _____ DMO _____?

Do you have a 2nd insurance coverage? _____ **Is there a duplication of benefits clause?** _____

Insured's Name _____

Insured's Social Security # _____ ID # _____

Insured's Date of Birth _____ Employer _____

Insurance Company Name _____

Insurance Co. Address _____ Phone # _____

Benefit Description

Yearly maximum allowable paid by your insurance company? _____ Deductible? _____

Is the deductible applied to - Preventative _____ Basic _____ Major _____

Is your insurance based on a calendar year or fiscal year? _____ Which mo to mo _____

Is there a waiting period for any benefits? _____ How long? _____

Is there a missing tooth clause? _____ congenitally missing tooth clause? _____

At what percent are the following services covered and is it of a fee schedule _____ or UCR ? _____

_____ % Diagnostic - (examination, x-rays) Is there a frequency? _____ 1x in 6 months or _____ 2 x cal year?

Panorex or Full Mouth Series 1 x in _____ months?

_____ % Preventative – (professional cleaning, fluoride treatment, sealants) Fluoride up to what age? _____

Sealants paid up to what age? _____ are there any restrictions? _____

_____ % Restorative – (fillings) Amalgam(silver) or Resin-(white) Are resins downgraded and paid at the amalgam rate on posterior teeth? _____

_____ % Major – Prosthodontics – (dentures, partials, crowns and bridges) replacement period? _____

_____ % Endodontics – (root canal therapy, pulpotomy, pulp caps)

_____ % Periodontics – (scale and root planning, periodontal maintenance, full mouth debridement)

_____ % Oral Surgery – (extractions, biopsy) _____ % Implants