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| <p>Dental Benefit Information</p> <p>Primary insurance</p> <p>Subscriber: _____</p> <p>D.O.B. _____</p> <p>Employer: _____</p> <p>Benefit Company: _____</p> <p>Policy #: _____</p> <p>Certificate #: _____</p> <p>Assignment plan : Y / N</p> <p>Deductible: \$ _____</p> <p>Fee Guide Year: _____</p> <p>Basic maximum \$ _____</p> <p>Major Maximum\$ _____</p> <p>Ortho Max\$ _____ per _____</p> <p>Is it a calendar or contract year?</p> <p>Basic Dental _____%, Endo _____%, Perio _____%? Emergency _____% Major _____%? Ortho _____%</p> <p>Ortho age limit? _____</p> <p>Complete Oral Exam frequency: _____</p> <p>Full Mouth Series of X-Rays? _____ freq</p> <p>Scaling/root planning units: _____</p> <p>_____</p> <p>Recall exam? _____</p> <p>Polish? _____</p> <p>Fluoride? Y / N Adult Fluoride? _____</p> <p>Does your insurance cover white fillings on molars? _____</p> <p>PAN freq: _____ B.W.'s freq: _____</p> <p>Specific Exams: _____</p> <p>Implant coverage: _____</p> | <p>Dental Benefit Information</p> <p>Secondary insurance</p> <p>Subscriber: _____</p> <p>D.O.B. _____</p> <p>Employer: _____</p> <p>Benefit Company: _____</p> <p>Policy #: _____</p> <p>Certificate #: _____</p> <p>Assignment plan : Y / N</p> <p>Deductible: \$ _____</p> <p>Fee Guide Year: _____</p> <p>Basic maximum \$ _____</p> <p>Major Maximum\$ _____</p> <p>Ortho Max\$ _____ per _____</p> <p>Is it a calendar or contract year?</p> <p>Basic Dental _____%, Endo _____%, Perio _____%? Emergency _____% Major _____%? Ortho _____%</p> <p>Ortho age limit? _____</p> <p>Complete Oral Exam frequency: _____</p> <p>Full Mouth Series of X-Rays? _____ freq</p> <p>Scaling/root planning units: _____</p> <p>_____</p> <p>Recall exam? _____</p> <p>Polish? _____</p> <p>Fluoride? Y / N Adult Fluoride? _____</p> <p>Does your insurance cover white fillings on molars? _____</p> <p>PAN freq: _____ B.W.'s freq: _____</p> <p>Specific Exams: _____</p> <p>Implant coverage: _____</p> |
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