



## Questions to ask your Dental Insurance Carrier Insurance Information Worksheet

*The following are the necessary questions that you need to ask your dental insurance carrier in order for us to help you to submit your dental insurance for treatment provided. Please contact your dental carrier and ask these questions. Also bring in your dental insurance card.*

Your insurance company name \_\_\_\_\_  
 Your group or plan number \_\_\_\_\_  
 Your ID or Certificate Number \_\_\_\_\_

### Other questions to ask:

- |   | <b>Code:</b> |               |
|---|--------------|---------------|
| 1. How often am I covered for a complete or new patient exam?   | (01103)      | _____/yr      |
| 2. How often am I covered for a recall or check-up exam?  | (01202)      | _____month    |
| 3. How many units of scaling (cleaning) am I covered for and is it based on a calendar year or every 12 months?               | (11111)      | _____/yr      |
| 4. How many units of root planing (deep cleaning) am I covered for each year?   | (43421)      | _____/yr      |
| 5. How often am I covered for:  |              |               |
| a) A Panoramic film?  | (02601)      | _____years    |
| b) Bitewing x-rays?   | (02142)      | _____/yr      |
| c) Fluoride treatment?  | (12101)      | _____/yr      |
| d) Polishing?   | (11101)      | _____/yr      |
| 6. What percentage of basic dental treatment does my plan cover?  |              | _____%        |
| 7. What percentage of major dental treatment does my plan cover?<br>(crowns, bridges, partial dentures and complete dentures) |              | _____%        |
| 8. What is the maximum benefit that I qualify for each year?  |              | \$_____       |
| Is the maximum based on a calendar year (Jan-Jan) or per 12 months?   |              | _____         |
|   |              | (start month) |