



SCOTTSDALE DENTAL CENTRE

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Insurance Information Worksheet

Dental insurance is a private agreement between you and your insurance provider. For privacy reasons, they cannot discuss the details of your benefits with us. However, you can directly call them and ask for specific details to better understand your coverage. The following are essential questions that you need to ask your dental insurance carrier. You will require the following information before calling them:

Name:

Date:

Insurance Company Name:

Employer Name:

Group/Policy Number:

Certificate Number:

Questions to Ask:

1. Is my coverage over a calendar year (i.e. Jan to Dec) or a rolling benefit year (for e.g. May to April)?
2. Do I have a deductible?
3. Is my coverage based on the most current fee guide?

4. What percentage coverage do I have for BASIC treatment?
5. What percentage coverage do I have for ENDODONTIC treatment?
6. What percentage coverage do I have for PERIODONTAL treatment?
7. What is my maximum coverage for BASIC treatment?
8. Do I have any MAJOR coverage for crowns etc? At what percentage?
9. Is there a specific maximum coverage for MAJOR treatment?
10. What percentage coverage do my kids or I have for ORTHODONTIC treatment?
11. Are there any age restrictions on this coverage?
12. Is there a maximum coverage amount for ORTHODONTICS?
13. How much of my basic & major coverage have I used up? (Please ask this for each family member)

How frequently can I receive the following?

1. Complete Oral Exam (code 01103)
2. Specific or Emergency Exam (codes 01204 and 01205)
3. Panoramic X-ray (code 02601)
4. Full Mouth Series of X-rays (code 02102)
5. Recall Exam (code 01202), Any age restrictions?
6. Polishing (code 11101), Any age restrictions?
7. Bitewing X-rays (code 02144)
8. Fluoride treatments (code 12101)
9. Periodontal Re-evaluation (code 49101)
10. Scaling – ask how many units of scaling do I have? Any age restrictions?

You are responsible for keeping your insurance information up-to-date. Please notify us of any changes to your dental coverage.

Please take a cell phone picture and e-mail this form to scottsdent@gmail.com when completed, or drop it off to our office so we can place it in your file.