

## Insurance Work Sheet

Insurance Owner: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Date plan started: \_\_\_\_\_  
Policy / Group #: \_\_\_\_\_ ID / Certificate #: \_\_\_\_\_

Yearly maximum for Basic: \$ \_\_\_\_\_ Major: \$ \_\_\_\_\_ Combined: \$ \_\_\_\_\_

Annual deductible: \$ \_\_\_\_\_ Family: \$ \_\_\_\_\_ Single: \$ \_\_\_\_\_

Anniversary date of policy: (Check One)

Calendar year (Jan – Dec): \_\_\_\_\_ Policy year (i.e.: May 1- April 30): \_\_\_\_\_ What Fee Guide? \_\_\_\_\_

### Breakdown of Benefits:

Recall exam (01202): (Check One)

6 month: \_\_\_\_\_ 9 month: \_\_\_\_\_ 12 month: \_\_\_\_\_ Twice every 12 months: \_\_\_\_\_

Exam Codes Covered:

New Pt (COE) 01103: \_\_\_\_\_ Specific 01204: \_\_\_\_\_ Emergency 01205: \_\_\_\_\_

Fluoride (12101): Is there an age limit? YES or NO What is the age limit? \_\_\_\_\_

6 month: \_\_\_\_\_ 9 month: \_\_\_\_\_ 12 month: \_\_\_\_\_ Twice every 12 months: \_\_\_\_\_

Polish (11101): (Check One)

6 month: \_\_\_\_\_ 9 month: \_\_\_\_\_ 12 month: \_\_\_\_\_ Twice every 12 months: \_\_\_\_\_

Periodontal: Basic or Major?

Scaling (11111; 11112; 11113; 11114; 11115): #units \_\_\_\_\_ @ \_\_\_\_\_% Additional units \_\_\_\_\_ @ \_\_\_\_\_%

Root Planing (43424 or 43425): #units \_\_\_\_\_ @ \_\_\_\_\_% Combined scale & root planning? \_\_\_\_\_

Radiographs (x-rays):

Bitewings (02144 or 02142): # \_\_\_\_\_ every \_\_\_\_\_ months

Panoramic (02601): # \_\_\_\_\_ every \_\_\_\_\_ months Ceph (02701): # \_\_\_\_\_ every \_\_\_\_\_ months

Fillings: YES or NO @ \_\_\_\_\_% Resin on molars? YES or NO

Crown and Bridge: YES or NO @ \_\_\_\_\_%

Denture coverage: YES or NO @ \_\_\_\_\_%

Implant coverage: YES or NO @ \_\_\_\_\_%

Extraction clause:

Does a tooth have to be removed while insured under this plan for above coverage? YES or NO

Endodontic Treatment (root canals): YES or NO @ \_\_\_\_\_% Under Basic or Major?

Orthodontic treatment (braces/appliances): YES or NO @ \_\_\_\_\_%

If yes: Annual \_\_\_\_\_ or Lifetime \_\_\_\_\_ Maximum \$ \_\_\_\_\_ @ \_\_\_\_\_%

Is there an age limit? YES or NO If yes, up to what age? \_\_\_\_\_ years old

Is there an age limit for dependents? YES or NO If yes, up to what age?: \_\_\_\_\_ years old

Does this plan allow electronic (EDI) billing? YES or NO

Is this plan payable to a third party (the dentist)? YES or NO