



## Insurance Information

*Due to recent privacy laws, it is very difficult for us to compile insurance information that we require in order to make your appointments as pleasant and efficient as possible. Please call your insurance company **BEFORE** your first appointment to obtain the following information:*

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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| <p><b>Primary Insurance:</b> _____</p> <p>Group / Policy #: _____</p> <p>ID / Certificate #: _____</p> <p>Policy-Holder's Name &amp; Birth Date: _____</p> <p>Benefit Year: _____</p> <p>Fee Guide: _____</p> <p>Deductible: _____</p> <p>Annual maximums: _____</p> <p>BASIC coverage: _____</p> <p>MAJOR coverage: _____</p> <p>Recall frequency: _____</p> <p>Scaling/Root-planing limits: _____</p> <p>Panoramic frequency: _____</p> <p>Complete Exam frequency: _____</p> <p>Are composite (white) fillings covered on molars?<br/>(e.g. code 23323 tooth #16)</p> <p><input type="checkbox"/> yes, composite</p> <p><input type="checkbox"/> no, bonded amalgam</p> <p><input type="checkbox"/> no, non-bonded amalgam</p> <p>Orthodontic coverage: _____</p> | <p><b>Secondary Insurance:</b> _____</p> <p>Group / Policy #: _____</p> <p>ID / Certificate #: _____</p> <p>Policy-Holder's Name &amp; Birth Date: _____</p> <p>Benefit Year: _____</p> <p>Fee Guide: _____</p> <p>Deductible: _____</p> <p>Annual maximums: _____</p> <p>BASIC coverage: _____</p> <p>MAJOR coverage: _____</p> <p>Recall frequency: _____</p> <p>Scaling/Root-planing limits: _____</p> <p>Panoramic frequency: _____</p> <p>Complete Exam frequency: _____</p> <p>Are composite (white) fillings covered on molars?<br/>(e.g. code 23323 tooth #16)</p> <p><input type="checkbox"/> yes, composite</p> <p><input type="checkbox"/> no, bonded amalgam</p> <p><input type="checkbox"/> no, non-bonded amalgam</p> <p>Orthodontic coverage: _____</p> |
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