



To Our Valued Patients:

Due to recent changes in the federal privacy policies, some insurance companies are unable to release details of your insurance coverage to our office. Therefore we would require your assistance in obtaining this information. We have provided you with a list of questions to ask your insurance company. Please fill in or circle the information and return this to our office in person or by fax.

Nottingham Dental Office Fax: (905) 427 – 2024 Phone: (905) 427 2027

Date: _____

Name of Insured Member: _____

Group Number: _____ I.D.# _____

1. What Fee Guide: Current or Other _____
2. Is your plan on a Calendar Year: Yes or No
Benefit Year: From: _____ to _____
3. Is there a deductible. If Yes, Single\$ _____ Family\$ _____
4. Basic treatment is covered at _____ % with a maximum of \$ _____
5. Major treatment is covered at _____ % with a maximum of \$ _____
6. Are the basic and major maximum: Combined or Separate
7. Is there any coverage for Orthodontics: Yes or No
If yes, covered at _____ % with a maximum of \$ __ Age limit _____
8. Please indicate 6, 9, 12, 24 or 36 month interval for each of the following:

Recall Exam:	_____ months	Complete Exam:	_____ months
Full Set of X-rays:	_____ months	Panoramic X-ray:	_____ months
Bitewings X-rays:	_____ months	Polishing:	_____ months
Fluoride:	_____ months <i>and</i> if there is any age limit? _____		
Oral Hygiene Instruction:	Yes or No Any limitations? _____		

9. Number of scaling units allowed each benefit year _____
10. Are Composite (white) Fillings allowed on molars (23321) Yes or No
11. Are Pit and Fissure Sealants covered (13401) Yes or No
12. Is there any coverage for Implants Yes or No
13. Periowave (42832) Yes or No

Notes: _____

With the information that you have provided we will be better able to serve you. We recommend that if you have any questions or concerns with regards to your coverage our staff would be more than happy to review this information with you. Although we accept payment from your insurance company directly (when possible), all differences or non-payments (from insurance) are the patient's responsibility.

Thanks for your assistance!