



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.

Richmond Hill Dentistry Fax (905) 787 1544

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 and 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!