

# Insurance Benefits Questionnaire

Please contact your insurance company and with the help of a representative fill out this questionnaire. It will help both yourself and our staff better understand your coverage.

Name: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Date Coverage Began: \_\_\_\_\_ Renewal Date: \_\_\_\_\_

Annual Maximum: \_\_\_\_\_ Deductible: \_\_\_\_\_

Benefits Remaining: \_\_\_\_\_ Has the deductible been met? \_\_\_\_\_ (Yes) \_\_\_\_\_ (No)

Percentages of Coverage:

• Preventative: \_\_\_\_\_% Basic: \_\_\_\_\_% Major: \_\_\_\_\_%

How often are these services covered-

Prophylaxis (D1110) \_\_\_\_\_

Date of next covered prophylaxis: \_\_\_\_\_

Comprehensive Exam (D0150) \_\_\_\_\_

Date of next covered comprehensive exam: \_\_\_\_\_

Periodic Exam (D0120) \_\_\_\_\_

Date of next covered periodic exam: \_\_\_\_\_

Limited Exam (D0140) \_\_\_\_\_

Date of next covered limited exam: \_\_\_\_\_

Complete Series of X-Rays (D0210) \_\_\_\_\_

Four Bitewing X-Rays (D0274) \_\_\_\_\_

Are these services covered? If so at what percentage, and how often-

Diagnostic Casts (D0470) \_\_\_\_\_

Occlusal Analysis (D9950) \_\_\_\_\_

Oral Facial Images (D0350) \_\_\_\_\_

Occlusal Guard (D9940) \_\_\_\_\_

Occlusal Orthotic (D7880) \_\_\_\_\_

Occlusal Guard Adjustment (D9943) \_\_\_\_\_

Occlusal Orthotic Adjustment (D7881) \_\_\_\_\_