

DENTAL INSURANCE COVERAGE INFORMATION

A) Insurance Company _____
 Policy Holder _____
 Policy Number _____
 Employer _____
 Certificate/Identification/Member Number _____
 Is this a new plan? _____
 Is this a family or single plan? _____
 Is there a deductible? _____ Amount _____

B) Basic Maximum _____ Percentage _____
 Major Maximum _____ Percentage _____
 Basic and Major Maximum Combined _____ Percentage _____
 Orthodontic Coverage Limit _____ Percentage _____
 Is there an age restriction for orthodontic treatment? _____

C)	Frequencies	How Many	How Often
	Scaling Units	_____	_____
	Complete Examination	_____	_____
	Panoramic X-Ray	_____	_____
	Bite Wing X-Rays	_____	_____
	Teeth Polishing	_____	_____
	Fluoride	_____	_____

Is there an age restriction for fluoride treatment? _____