



We encourage our patients to become educated about their Dental insurance to help **avoid unexpected expenses**. Please fill out the following to help us stay within your insurance allowance.

Yearly Maximum \$ _____ Calendar year or other date? _____

Basic maximum _____ Major maximum _____ Combined Maximum _____

What percentage coverage do I have? Basic and Preventative _____ Major _____

When does my plan renew each year? _____

Do I have a deductible and how much? _____

How often am I allowed to receive an exam? New Patient Adult code 01103 _____

New Patient Mixed(6-12yrs) code 01102 _____

New Patient Child code 01101 _____

Recall Exam code 01202 _____

How often am I allowed X-rays? 2 Bitewings code 02142 _____ 4Bitewings code 02144 _____

How many scaling units am I allowed in 12 months? _____

How often am I covered for polishing code 11101? _____ Fluoride code 12112? _____