

Insurance Coverage

Personal and Insurance Information

Policy Holder's Name _____ Social Security # _____

Policy Holder's Address _____

Home Phone _____ Cell Phone _____

Child's Relationship to Policy Holder _____ Policy Holder's D.O.B. _____

Insurance Company Name _____

Insurance I.D. Number _____

Insurance Group Number _____

Insurance Company Phone Number _____

Benefits Provided

Do you have a deductible? Yes / No

How much is the deductible _____

Is there a yearly maximum amount of coverage? _____

The insurance company will pay for how much of the following services?

_____ % Diagnostic (examinations, x-rays, lab tests)

_____ % Preventative (professional cleaning, fluoride treatment, sealant, space maintainers)

_____ % Restorative (amalgam/silver, resin/tooth colored, sedative fillings, gold inlay, onlay and crowns)

_____ % Endodontics (pulp cap, root canal therapy)

_____ % Oral Surgery (extraction, surgical extraction, biopsy)