

DAY	MO	YEAR
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Your Dental Insurance is a contract between you and your insurance carrier. It is therefore your responsibility to understand what your coverage includes. In order to provide exceptional service and deliver quality care to our patients, we ask that you provide us with some details about your insurance coverage. Please contact your insurance carrier or benefit administrator for the details listed below. (Your insurance carrier does not release this information directly to dental offices due to confidentiality.)

### Primary Insurance Coverage

Insured Person's Name \_\_\_\_\_ Date of Birth 

DAY	MO	YEAR
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Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Certificate/Employer ID No. \_\_\_\_\_ What Fee Guide year is used? \_\_\_\_\_

Policy Year runs from \_\_\_\_\_ to \_\_\_\_\_

Is there an Annual Deductible?  Yes  No If yes, what is the amount? \_\_\_\_\_

What is your Annual \$ Max Coverage? Basic \$ \_\_\_\_\_ Preventative \$ \_\_\_\_\_ Major \$ \_\_\_\_\_ Combined \$ \_\_\_\_\_

How many Units of Scaling do you have per policy year? \_\_\_\_\_

How many Units of Root Planing do you have per policy year? \_\_\_\_\_

How often can you have the following procedures?

Code	Description of Treatment	How Often
01103	New Patient / Complete Exam	_____
01202	Check Up / Recall Exam	<input type="checkbox"/> 6 mo. <input type="checkbox"/> 9 mo. Other _____
11101	Polishing	<input type="checkbox"/> 6 mo. <input type="checkbox"/> 9 mo. Other _____
12113	Fluoride	<input type="checkbox"/> 6 mo. <input type="checkbox"/> 9 mo. Other _____
02102	Full Mouth / Complete X-rays	_____
02144	Bite Wing X-rays	_____

Are night guards (code 14611) covered under your plan?  Yes  No

### Secondary Insurance Coverage

Insured Person's Name \_\_\_\_\_ Date of Birth 

DAY	MO	YEAR
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Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Certificate/Employer ID No. \_\_\_\_\_ What Fee Guide year is used? \_\_\_\_\_

Policy Year runs from \_\_\_\_\_ to \_\_\_\_\_

Is there an Annual Deductible?  Yes  No If yes, what is the amount? \_\_\_\_\_

What is your Annual \$ Max Coverage? Basic \$ \_\_\_\_\_ Preventative \$ \_\_\_\_\_ Major \$ \_\_\_\_\_ Combined \$ \_\_\_\_\_

How many Units of Scaling do you have per policy year? \_\_\_\_\_

How many Units of Root Planing do you have per policy year? \_\_\_\_\_

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02102	Full Mouth / Complete X-rays	_____
02144	Bite Wing X-rays	_____

Are night guards (code 14611) covered under your plan?  Yes  No

When completed, please bring this form to your next appointment or email the pdf to: [info@2000yongedental.com](mailto:info@2000yongedental.com)

**Thank you. The 2000 Yonge Dental Team**