

INSURANCE INFORMATION

In order to accommodate you with the appropriate dental services we ask that you provide us with necessary information so that we can assure the accuracy of your dental insurance and policy. Also so that you are informed of your dental plan, what it provides you and if you have out of network coverage, any waiting periods, maximum benefits, deductibles or restrictions. When you do contact us, we will need the following information:

Policy Holders Full Name:_____

Policy Holders D.O.B.:_____

Policy Number:_____

Policy Holders Social Security Number:_____

Insurance Company Name:_____

Address:_____

City, State, Zip:_____

Phone Number's:_____

*Out of Network- the insurance may choose what practice you have to go in order for them to cover services or they may have different fees that they will pay for the services In Network- you get to choose what practice to go to for your dental services If new insurance you may have a waiting period to have certain services done Maximum benefits is a dollar amount that the insurance will pay per year, per person You have to pay your deductible prior to insurance paying out on your benefits. (Usually at your first restorative visit) Your plan may have restrictions on certain dental procedures (may not pay for a white filling.)

