

## Patient Insurance Breakdown Information

Insured Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Employer: \_\_\_\_\_

Insurance Com.: \_\_\_\_\_ Social Security #: \_\_\_\_\_

ID# (if different from SSN): \_\_\_\_\_ Group #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Ins. representative: \_\_\_\_\_ Insurance end date: \_\_\_\_\_

Yearly Max: \$ \_\_\_\_\_ Amt. Used: \$ \_\_\_\_\_ Used (Spouse): \_\_\_\_\_ Used (Dep.): \_\_\_\_\_

Individual Deductable: \$ \_\_\_\_\_ Family Deductable: \$ \_\_\_\_\_

Preventive: \_\_\_\_\_ % Basic: \_\_\_\_\_ % Major: \_\_\_\_\_ %

Oral Surgery: \_\_\_\_\_ % Periodontic: \_\_\_\_\_ % Benefit are renewed every: \_\_\_\_\_

Sealants are cover @? \_\_\_\_\_ Until what age? \_\_\_\_\_

Replacements are every how many yrs \_\_\_\_\_ . Prior X-Rays? \_\_\_\_\_

Is there a waiting period? \_\_\_\_\_ What is the effective date? \_\_\_\_\_

Is preauthorization mandatory? \_\_\_\_\_ Over how much? \_\_\_\_\_

Orthodontics Max \$ \_\_\_\_\_ & @ what % \_\_\_\_\_ is there an age limit? \_\_\_\_\_

Are posterior composite covered? \_\_\_\_\_ Maintenance (D4910): \_\_\_\_\_ X per calendar yr.

How often are root planning (D4341) covered? \_\_\_\_\_

Are night guards covered? \_\_\_\_\_ Are implants covered? \_\_\_\_\_

### **History**

Last date of FMX (X-Rays): \_\_\_\_\_ Frequencies are FMX covered? \_\_\_\_\_ X per calendar yr.

Last date of Prophy (cleaning): \_\_\_\_\_ Frequencies are Prophy covered? \_\_\_\_\_ X per calendar yr.

Last date of Exam: \_\_\_\_\_ Frequencies are Exam? \_\_\_\_\_ X per calendar yr.