

Questions to Ask Your Insurance Company Regarding Coverage

Dental Insurance Company: _____

Dental Insurance Company Contact Number: _____

Policy Holder Name: _____

Group/ Plan #: _____ Certificate/ Subscriber ID #: _____

Is my dental insurance coverage per calendar year?: _____

How much is my coverage for the following:

Basic: _____% Major: _____% Endo (Root Canal Treatment): _____% Orthodontic: _____% Other: _____%

What is covered under Basic:

Is there Composite coverage on molars? _____. Is Endo covered under basic or major? _____

What is covered under Major:

What is my Maximum dollar coverage per year? _____

Do I have a deductible? _____ If so how much? _____ Is it per person or family? _____

Hygiene Services – (this is discussed in terms of units of time)

How many “units” of scaling/ root planning do I have? (per year): _____

Is there a limit on polishing: _____

How often can I have x-rays and is there a limit to how many am I eligible for: _____

How often can I have a “recall” examination: _____

Does my coverage include fluoride treatments for both adults and children: _____

How much coverage have I used for this year to date? _____