**Questions to Ask Your Insurance Company Regarding Coverage**

Dental Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Holder Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group/Plan Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certificate/Subscriber Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does my plan follow the current year’s fee guide? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this a Family plan or Single coverage? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there a Deductible on your plan? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does my plan follow the calendar year ex: January 1-December 31? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does my plan cover specialist fees? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do I have Basic coverage (ex: fillings, cleanings) as well as Major coverage (crowns and bridges)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, what percentage of Basic and Major is covered? Basic = \_\_\_\_\_\_ % Major = \_\_\_\_\_%

Is there a maximum for Basic coverage? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there a maximum for Major coverage? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Or is there a combined maximum ? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are the frequencies for the following treatments:

* Complete or New Patient exam (01103) \_\_\_\_\_\_\_\_\_\_\_\_\_
* Recall exam (01202) \_\_\_\_\_\_\_\_\_\_
* Specific Exam (01204)\_\_\_\_\_\_\_\_\_
* Emergency Exam (01205)\_\_\_\_\_\_\_\_\_
* Scaling (11111 is one unit), how many units are allowed per year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Polishing (11101) \_\_\_\_\_\_\_\_\_\_\_
* Fluoride Varnish (12113) \_\_\_\_\_\_\_\_\_\_ Is there an age restriction?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Bitewing x-rays (02144) \_\_\_\_\_\_\_\_\_\_\_
* Panoramic x-ray (02601) \_\_\_\_\_\_\_\_\_\_\_
* Oral Hygiene Instructions (13217) \_\_\_\_\_\_\_\_\_\_\_

Are the above frequencies the same for adults and children (if there are family members on plan who are less than 18 years old? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_