

# ROSEDALE DENTAL CENTRE INSURANCE INFORMATION FORM

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With Insurance plans and coverage changing so frequently it is difficult sometimes understand what exactly your coverage details are. In addition, due to Privacy Policy most insurance companies do not have an obligation to disclose any information to us, thus we only know the information that you tell us about your plan. Please contact your insurance carrier to ask the questions below and forward to our office so we can assist you with your questions. We encourage you to know what benefits are available to you so that you are informed of any changes.

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_ Certificate Number \_\_\_\_\_

Please ask your insurance carrier the following questions.

Please ask the following questions when calling.

## INSURANCE BREAKDOWN FORM

Does coverage run on calendar or benefit year? Calendar Year \_\_\_\_\_ Benefit Year \_\_\_\_\_

What Fee Guide does plan run on \_\_\_\_\_ Yearly Deductible Amount \$ \_\_\_\_\_

Total Yearly Dollar Amount Applicable \$ \_\_\_\_\_

Basic Coverage Maximum \$ \_\_\_\_\_ Percentage allotted for Basic Care \_\_\_\_\_

Major Coverage Maximum \$ \_\_\_\_\_ Percentage allotted for Major Care \_\_\_\_\_

Is there an alternative benefits clause applicable \_\_\_\_\_

Date Updated \_\_\_\_\_ Benefits used to date \_\_\_\_\_

Are "white" fillings on molars covered? \_\_\_\_\_ Are specialist fees covered? \_\_\_\_\_

What is frequency for bitewing x rays \_\_\_\_\_

What is the recall frequency allowed (circle) 6mth 9mth 12mth

What is total units of scaling eligible on plan \_\_\_\_\_ Are scaling units on benefit policy or rolling

Once you have completed this form please keep a copy of this form for your records and bring the remaining copy to our office so that we can assist you with any questions you may have.

Phone (905) 886-9900 Fax (905)-886-9172 Email: [natalie.rosaledental@rogers.com](mailto:natalie.rosaledental@rogers.com)