

VillageDental • Request for Insurance Information

DAY MO YEAR

Your Dental Insurance is a contract between you and your insurance carrier. It is therefore your responsibility to understand what your coverage includes. In order to provide exceptional service and deliver quality care to our patients, we ask that you provide us with some details about your insurance coverage. Please contact your insurance carrier or benefit administrator for the details listed below. (Your insurance carrier does not release this information directly to dental offices due to confidentiality.)

Primary Insurance Coverage

Insured Person's Name _____ Date of Birth DAY MO YEAR

Insurance Company _____ Policy No. _____

Certificate/Employer ID No. _____ What Fee Guide year is used? _____

Policy Year runs from _____ to _____

Is there an Annual Deductible? Yes No If yes, what is the amount? _____

What is your Annual \$ Max Coverage? Basic \$ _____ Preventative \$ _____ Major \$ _____ Combined \$ _____

How many Units of Scaling do you have per policy year? _____

How many Units of Root Planing do you have per policy year? _____

How often can you have the following procedures?

Code	Description of Treatment	How Often
01103	New Patient / Complete Exam	_____
01202	Check Up / Recall Exam	<input type="checkbox"/> 6 mo. <input type="checkbox"/> 9 mo. Other _____
11101	Polishing	<input type="checkbox"/> 6 mo. <input type="checkbox"/> 9 mo. Other _____
12113	Fluoride	<input type="checkbox"/> 6 mo. <input type="checkbox"/> 9 mo. Other _____
02102	Full Mouth / Complete X-rays	_____
02144	Bite Wing X-rays	_____

Are night guards (code 14611) covered under your plan? Yes No

Secondary Insurance Coverage

Insured Person's Name _____ Date of Birth DAY MO YEAR

Insurance Company _____ Policy No. _____

Certificate/Employer ID No. _____ What Fee Guide year is used? _____

Policy Year runs from _____ to _____

Is there an Annual Deductible? Yes No If yes, what is the amount? _____

What is your Annual \$ Max Coverage? Basic \$ _____ Preventative \$ _____ Major \$ _____ Combined \$ _____

How many Units of Scaling do you have per policy year? _____

How many Units of Root Planing do you have per policy year? _____

How often can you have the following procedures?

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02102	Full Mouth / Complete X-rays	_____
02144	Bite Wing X-rays	_____

Are night guards (code 14611) covered under your plan? Yes No

When completed, please bring this form to your next appointment or email the pdf to: info@villagedental.ca

Thank you. *The Village Dental Team*