

INSURANCE BREAKDOWN

EDI- YES / NO

ASSIGNMENT- YES / NO

SPECIALIST FEES- YES / NO

Insurance Company _____ Group# _____ ID# _____

Fee Guide _____

Insurance Subscriber (member) _____ D.O.B _____

Plan benefit year (ex is it calendar year?) _____

MAXIMUMS

BASIC COVERAGE _____% Yearly Maximum _____

MAJOR COVERAGE _____% Major Maximum _____

ORTHO COVERAGE _____% Ortho Maximum _____ AGE RESTRICTION _____

Deductible \$\$ _____

Family or Single

PLAN DETAILS

Scaling units _____ additional units _____

Recall _____

Polishing _____

Fluoride _____ Age Limit _____

BW _____

COE _____

Pan/FMS _____

OHI _____

RESTORATIVE _____

RCT _____

CROWN _____

BRIDGES _____

IMPLANTS _____