

KNOW YOUR DENTAL PLAN BENEFITS



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*****PLEASE READ CAREFULLY*****

Keep in mind that the contract itemizing your dental benefits is an agreement between you, your employer, and your dental benefit carrier. This contractual information in almost all cases is not available for us to lookup or shared with us by the benefit carriers.

One of our clinic goals is to assist you in achieving your desired level of dental and oral health. In some cases, this will involve working to maximize your dental plan benefits.

Below is a list of key details that you should know about your Dental Benefit Plan.

If you would like, you can return this completed form to our Clinic to have the information entered into the file for your family. This information will assist you in prioritizing any future treatment that you need or desire. You would also need to notify us of any future changes to your Dental Benefit Plan.

We will do our very best to assist you in maximizing your dental plan benefits if you choose. However, if you are concerned about the direct cost of dental treatment to you, then we need you to be aware of, keep track of, calculate, and/or take into consideration the key details below.

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**STAFF: This form is to be given with all NP & Updates to Med Hx.
Copies are to be displayed in the Reception area.**

Name: _____ Plan Name: _____

1. When do your benefits renew (calendar year or specific month): _____
2. What is the percentage of coverage for BASIC Treatment Services: _____%
(Fillings, cleanings, dental examinations & x-rays, extractions, root canals, gum surgery)
3. What is the percentage coverage for MAJOR Treatment services: _____%
(Crowns, bridges, dentures)
 - What is your yearly dollar maximum for BASIC Treatment? \$ _____
 - What is your yearly dollar maximum for MAJOR Treatment? \$ _____
 - Do BASIC & MAJOR Treatment Services have a combined maximum? YES / NO
 - Is this an individual or per family maximum? _____
4. How often does your Dental benefit Plan cover the following Treatment Services
(e.g., 3 months, 6 months, 12 months)
 - 01103 – Comprehensive Examination _____
 - 01202 – Recall Examination (check-up) _____
 - 02142 (2 images) or 02114 (4 images) – Bitewing X-rays _____
 - 02601 – Panoramic X-ray _____
 - 11101 – Polishing _____ what is the age limit _____
 - 12101 – Fluoride _____ what is the age limit _____
 - How many Scaling units does the Plan cover per year? _____ (11113 = 3 Scaling Units)
5. Is the frequency of the above Treatment Services different for children on your Dental Benefit Plan? If so
which Treatment Services are different?

6. Please use this space below to add any additional information that is not listed above if needed.