



## Insurance Information Worksheet

***\*Please call your insurance company prior to your 1<sup>st</sup> appointment and have them assist you in filling out the required information.***

- |   |  |
|---|--|
| <input type="checkbox"/> Industrial Alliance # 1-877-422-6487 | <input type="checkbox"/> Great West Life # 1-800-957-9777    |
| <input type="checkbox"/> Manulife # 1-888-844-8889            | <input type="checkbox"/> Green Shield # 1-888-711-1119       |
| <input type="checkbox"/> Sunlife # 1-800-661-7334             | <input type="checkbox"/> Pacific Blue Cross # 1-888-275-4672 |
| <input type="checkbox"/> Standard Life # 1-800-499-4415       | <input type="checkbox"/> Other _____                         |

Today's Date \_\_\_\_\_ Policy# \_\_\_\_\_ ID# \_\_\_\_\_

**Basic** coverage \_\_\_\_\_% \$ Max \_\_\_\_\_ **Major** \_\_\_\_\_% \$ Max \_\_\_\_\_ Combined max \$ \_\_\_\_\_

Remaining this year? \$ \_\_\_\_\_ Is there a deductible? \_\_\_\_\_ Ortho \_\_\_\_\_% \$ \_\_\_\_\_

Do you pay on a current fee guide? \_\_\_\_\_ Calendar year or Benefit year? \_\_\_\_\_

**Do you cover:** Composite fillings on molar teeth (code 23321 #48 O) \_\_\_\_\_

Velscope (04403) \_\_\_\_\_ Desensitizing (41301) \_\_\_\_\_ Re-evaluation (49101) \_\_\_\_\_

### **How often can I have a:**

Complete Exam (01103) \_\_\_\_\_ Eligible today?  yes  no

Full Mouth Series(02102) \_\_\_\_\_ Eligible today?  yes  no

PAN (02601) \_\_\_\_\_ Eligible today?  yes  no

Bite Wings (02144) \_\_\_\_\_ Eligible today?  yes  no

Scaling/Root Planning (11114) \_\_\_\_\_ Units per year? \_\_\_\_\_ Eligible today?  yes  no

Polish (11101) per yr \_\_\_\_\_ Fluoride (12101) per yr \_\_\_\_\_ Both eligible today?  yes  no

Recall Exam (01202) per yr \_\_\_\_\_ Elig today?  yes  no Pre-auth work over \$ \_\_\_\_\_

Signature \_\_\_\_\_