



Patient's Name: _____ Date: _____

DENTAL BENEFIT (INSURANCE) PLANS

Many patients have dental benefit plans to help cover their costs of dental care. These plans are intended to cover some but not all of the cost of treatment. Most plans include co-insurance, deductibles, or other expenses. These are the responsibility of the patient. The Ontario Dental Association, the Royal College of Dental Surgeons, as well as the Canadian Dental Association all recommend that the dentist not accept direct payment from the insurance companies.

Our office is pleased to offer you the service of sending your claims electronically through a process called (EDI). This electronic submission of your dental claim form requires no paper work to sign or mail!

The reimbursement cheque from your insurance company, depending on your instructions at the time of enrolment, will be mailed to your home, to your employer or directly deposited to your bank account. If you have not received your cheque within a 2 week period, please contact your insurance company to inquire about the status of your claim.

In light of the fact that dental insurance companies are no longer providing general plan details to dental offices, here is some information that will be helpful in processing your claims.

Insurance Company: _____ Phone #: _____

1. Policy / Group No.: _____
2. Subscriber No.: _____
3. Recall Interval: 6 _____ 9 _____ or 12 months _____
4. Units of Periodontal Scaling/Root planning combined: _____
5. Basic Coverage _____% / maximum \$ _____ / year
6. Major Coverage _____% / maximum \$ _____ / year
7. Yearly maximum combined \$ _____ / year