

In order to better understand your dental benefits, please call your dental insurance company and complete this form prior to your child's dental appointment. This form will help you to know what questions to ask of your insurance company and will provide basic information to better understand your plan. If your child needs any restorative treatment for cavities we can do a preauthorization with most insurance companies to get a more precise estimate.

Please understand that your dental insurance company may change your benefits and coverage at any time and that we are not notified of these changes.

DENTAL BENEFIT PLAN FOR: _____ Date: _____

Insurance company: _____ Maximum: _____ Deductible: _____

Am I allowed to go out of network? Y N

How are the benefits different if I go out of network?

For **out of network** benefits, how are the following covered?

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| <ul style="list-style-type: none">• Periodic exam (code D0120) _____• Child cleaning (code D1120) _____• Adult cleaning/13+ (code D1110) _____• Fluoride varnish (code D1206) _____• Bitewing x-rays (codes D0272 and D0274) _____• Panoramic x-ray (code D0330) _____• Sealants (code D1351) _____ |
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How many cleanings am I allowed per year? _____

Do cleanings need to be separated by six months? Y N
(Some insurance companies will not pay if you are even one day early)

How many examinations am I allowed per year (including emergencies)? _____
(Some insurance companies will only pay for two exams total per year)

Am I eligible for bitewings (code D0272 or D0274) and panoramic (D0330) _____

How many fluoride varnish treatments are allowed per year? ___ Age restriction? _____
(Some insurance companies will only pay for one fluoride treatment per year and some have age restrictions)

Sealant coverage:

Permanent molars Y N Premolars Y N Age limitation? _____

Replacement clause (how often can sealants be placed)? _____