

# Insurance Plan Breakdown Information Sheet

Due to the diversity of the different insurance plans that are available with countless different carriers, we do not know the limitations of your specific insurance plan. We suggest you call your insurance carrier to get a breakdown of your dental plan.

Insurance Carrier: \_\_\_\_\_

Group or Plan # \_\_\_\_\_

Certificate or ID # \_\_\_\_\_

Please inform us of all insurance information you are aware of, including but not limited to:

**1. Plan Maximum Per Benefit Period: \$ \_\_\_\_\_**

a) If applicable, is the plan maximum the same for each family member per benefit period? Yes / No

If not, what is the plan maximum for family members on the plan? \$ \_\_\_\_\_

b) Is this a combined maximum including both basic and major services? Yes/No

**2. When does the Insurance Plan Restart?** (most plans reset January 1<sup>st</sup> and run from January 1<sup>st</sup> to December 31<sup>st</sup>)

**3. Coverage towards *BASIC* or *ROUTINE* services: \_\_\_\_\_%**

What is included under basic dental services?

**4. Coverage towards *MAJOR* services: \_\_\_\_\_%**

What is included under major dental services?

**5. Frequencies**

Complete exam: \_\_\_\_\_

Recall exam: \_\_\_\_\_

Specific exam: \_\_\_\_\_

Xrays (bitewings/periapical images): \_\_\_\_\_

Panoramic xray: \_\_\_\_\_

Scaling units: \_\_\_\_\_

Polishing: \_\_\_\_\_

Fluoride: \_\_\_\_\_

**When complete, please call the office at:**

**780-875-0102 or email us at  
reception@oriondentalgroup.ca so that we may  
have a copy and so that we may update your file  
accordingly.**

**Thank you!**