

Get to know YOUR DENTAL INSURANCE PLAN

Some of the insurance companies would not provide information about your benefits and coverage to Fairmount Dental or any other dental provider due to privacy concerns.

But they would, however, convey this information directly to you, the subscriber or beneficiary of the insurance plan (best to call them).

This is a short list with questions that can help you and us, better understand the specific details of your dental insurance plan:

1. What is benefit year-end or anniversary date of your insurance plan?
2. What dental fee guide do they follow? _____
3. What is the annual deductible amount? \$_____
4. What is the annual dollar maximum of benefits allowed per patient?
 Basic \$_____ Major \$_____ Combined \$_____
5. How many units of scaling are covered in each benefit year? _____
6. How about root planning? _____ Scaling and root planning combined? _____
7. Does the plan allow for white fillings on molar teeth? Yes or No
8. What percentage of coverage is provided for the follow areas of dentistry?
 Diagnostic (%)_____ Preventative (%)_____ Restorative (%)_____
 Endodontic (%)_____ Periodontal (%)_____ Major (%)_____
9. Is endodontic (root canal therapy) and/or periodontal treatment classified as basic treatment or major treatment? _____
10. Is adult fluoride treatment covered? (If no, what is the cut-off age for treatment) _____
11. What is the frequency allowed for the following treatments?
 Complete Exam _____ Recall Exam _____ Bitewing X-Rays _____
 Panoramic X-Rays _____ Topical Fluoride _____

Knowing all the above information will give you a better understanding of your coverage and will help us be of better assistance to you when it comes to help you figure out which proposed treatment is covered and which not or what are the conditions and the limitations of your plan.

Having this information forwarded to us ahead of your scheduled appointment, may help expedite things and make your experience at our office more pleasant.

Please scan or simply just take a picture of this form and email it to us at info@fairmountdental.ca