**Patient/Subscriber Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Patient Name | [Name] | | Date of Birth: | DD/MM/YYYY |
| SSN# | [TEXT] | | | | |
| Insurance Information | | | | | |
| Insurance Name: | [Name] | | Insurance address: | [address] |
| Insurance Phone: | [Phone] | | Insurance effective date: | Date Posted |
| Standard COP: Y/N |  | | Waiting period Y/N |  |
| **Subscriber Information** | | | | | |
| Subscriber Name | [Name] | | Date of Birth: | DD/MM/YYYY |
| Subscriber ID# |  | | Plan/Group# |  |
| Employee Name: |  | | Year Type: Calendar / Plan |  |
| Individual Deductible: $ |  | | Met to date: $ |  |
| Family Deductible: $ |  | | Met to date $ |  |
| Deductible applies to: Preventive / Basic / Major | | | Dental Maximum: $ |  |
| **DENTAL BENEFITS** | | | | | |
| **Class I: Preventive\_\_\_\_\_%** | | | | |
| Routine oral exam - Frequency: | |  | Routine prophylaxis - Frequency: |  |
| Bitewings - Frequency: | |  | Panoramic/FMX - Frequency: |  |
| Fluoride – Frequency | |  | Age Limit: |  |
| Sealant - Frequency: | |  | Age Limit: |  |
| **Class II: Basic\_\_\_\_\_%** | | | | |
| Fillings - Frequency: | |  | Posterior composites reduced on 2nd or 3rd molars: Y / N |  |
| Simple extractions | |  | Periodontal maintenance - Frequency: |  |
| **Class III: Major\_\_\_\_\_%** | | | | |
| Crowns, inlays, onlays, labial veneers, bridge, dentures | |  | Prosthetic Replacement Limitation: |  |
| Missing Tooth Clause: | |  | Implants Benefits: Y / N |  |
| Allowable under Basic or Major: | |  |  |  |
| Endodontic: Basic / Major | |  | Perio Scaling: Basic / Major - Frequency: |  |
| Osseous Surgery: Basic / Major - Frequency: | |  | Surgical Extractions: Basic / Major |  |
| Oral Surgery: Basic / Major | |  | Nightguards (Bruxism): Basic / Major - Frequency: |  |
| **Orthodontia: \_\_\_\_\_%** | | | | |
| Orthodontia Lifetime Deductible: $ | |  | Orthodontia Lifetime Deductible Met to date: $ |  |
| Diagnostic & Banding Maximum (applies to Orthodontia Lifetime Max): $ | | | |  |
| Lifetime Orthodontia Maximum: $ | |  | Age Limit: |  |

Disclaimer: This is a summary of plan benefits and is not intended to be a contract. Actual coverage will be determined when the claim is processed subject to all contract terms, including, but not limited to, member benefits, benefit maximums and subscription charge payment covering the actual dates of service. This is not a dental pre-determination of benefits or a guarantee of payment.