



**Insurance Information Worksheet**  
**Essential Questions to Ask Your Dental Insurance Carrier**

The following are the essential questions that you need to ask your dental insurance carrier in order for us to better provide information as to the financial costs of your dental treatment. By taking a moment to contact your dental carrier and ask these questions, our team will be in a better position to serve you in a timely manner. When contacting your carrier you will require the following.:

Your insurance company name \_\_\_\_\_  
Your group or plan number \_\_\_\_\_  
Your individual policy and or group plan number \_\_\_\_\_  
Your ID or certificate number (not for all plans) \_\_\_\_\_

Questions to ask?

1. What is the maximum benefit that I qualify for each year? Is the maximum benefit based on a calendar year (Jan-Jan) or per 12 months? \$ \_\_\_\_\_
2. What percentage of basic dental treatment does my plan cover (emergency care, root canal therapy, fillings, dental sealants, etc)? \_\_\_\_\_ %
3. What percentage of major dental treatment does my plan cover (crowns, bridges, and replacement of teeth with partial dentures or complete dentures etc)? \_\_\_\_\_ %
4. How often am I covered for a complete or new patient exam? Code 01103 \_\_\_\_\_
5. How often am I covered for a recall examination? Code 01202 \_\_\_\_\_
6. How many units of scaling and root planning am I covered for and is it based on a calendar year or every 12 months? \_\_\_\_\_
7. How often am I covered for :
  - A panoramic xray? Code 02601 \_\_\_\_\_
  - Bitewing xrays? Code 02141 \_\_\_\_\_
  - Polishing ? Code 11101 \_\_\_\_\_
  - Fluoride? Code 12101 \_\_\_\_\_
8. Are composites covered on molar teeth? \_\_\_\_\_
9. How much do I have left for this year on my dental insurance? \$ \_\_\_\_\_

I give consent to Empire dental to contact my dental insurance(s) directly on my behalf  
I understand that any charges not paid for my benefits will be my personal responsibility  
I will update Empire dental of any changes to my dental benefits

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_