

# Summerlea Dental

Policy Holder: \_\_\_\_\_ Group Number: \_\_\_\_\_ ID Number: \_\_\_\_\_

As of April 1, 2013 insurance companies will not be providing breakdowns or predetermination information directly to the dentist. It is YOUR RESPONSIBILITY to contact your insurance for this information.

## Question to ask your insurance company:

Question	Answer
What is my plan maximum? Is there a separate max for A and B?	
At what percentage does my plan pay for basic services (A)? (50, 80, 100)	
At what percentage does my plan pay for major services (B)? (50, 80, 100)	
What is my scaling limit? (4u, 12u, etc)	
What is my recall frequency? (6months, 9, 12, etc)	
Does my plan pay for fluoride?	
What month do my benefits renew? (usually January 1 <sup>st</sup> )	
Does my plan pay for implants?	
Does my plan pay for whitening?	

Please bring this to our office, email, or fax. If you have a smartphone, you may take a picture of this form and email it to us. Thank you.