

INSURANCE INFORMATION SHEET

DATE: \_\_\_\_\_

PATIENT: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

INSURANCE: \_\_\_\_\_ PRIME OR SECONDARY

INSURANCE ADDRESS: \_\_\_\_\_

INSURANCE PHONE: \_\_\_\_\_

INSURED: SELF SPOUSE OTHER CHILD

NAME OF INSURED: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

INSURED'S ID/SS: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_ CALENDAR YR OR FISCAL YR \_\_\_\_\_ TO \_\_\_\_\_

DEDUCTIBLE: \$ \_\_\_\_\_ NO OR YES

MAXIMUM: \$ \_\_\_\_\_ AMOUNT LEFT ON INS: \$ \_\_\_\_\_

UCR OR FEE SCHEDULE - Request Copy

PREVENTIVE: \_\_\_\_\_% DEDUCTIBLE APPLY NO OR YES

BASIC: \_\_\_\_\_% DEDUCTIBLE APPLY NO OR YES

ARE POSTERIOR COMPOSITE COVERED OR PAID AT AMALGAM

PERIO: \_\_\_\_\_% FLUORIDE: NO OR YES ARESTIN: NO OR YES

MAJOR: \_\_\_\_\_% WAITING PERIOD: NO OR YES

CROWN: \_\_\_\_\_% BUILD UPS COVERED: NO OR YES

ORTHO: \_\_\_\_\_%

PRIOR EXTRACTIONS COVERED: NO OR YES

REPLACEMENT 5 YEARS: NO OR YES EVERY \_\_\_\_\_ YEARS

SPLINTS/NIGHT GUARDS COVERED: NO OR YES

YEARLY 6 MONTHS TWICE YEAR TWICE IN 12 MONTHS

PROPHY	( )	( )	( )	( )
EXAM	( )	( )	( )	( )
BWX	( )	( )	( )	( )

FMX HISTORY: \_\_\_\_\_ PANO HISTORY: \_\_\_\_\_