



Chow
DENTAL GROUP
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Facts every insured patient needs to know

You may be asked to provide the following information when calling your insurance company

Patient's Name: _____	Date: _____
Insurance Company: _____	Telephone: _____
Name of Subscriber: _____	D.O.B.: _____
Employer: _____	SIN#: _____
Policy#: _____	Certificate#: _____
Division#: _____	

Questions you should ask about your dental coverage

What is the annual maximum allowed per patient? _____

What is the anniversary date of the policy? i.e.: Jan. 1st (Calendar Year) or benefit year _____

Is there an annual deductible? If yes, how much is it? Per Person\$ _____ Family Max\$ _____

What year's Fee Schedule are dental benefits paid on? _____

How many units of scaling and/or root planning are covered:

Scaling Units per calendar year _____

Scaling Units per rolling 12 months _____

Scaling Units per benefit year _____

How many Recall appointments are allowed annually? every 6 months every 9 months every _____ months

What percentage of coverage is allowed for the following:

Diagnostic _____% Preventive _____% Restorative _____% Major _____%

Endodontic _____% Periodontal _____% Orthodontic _____%

Major:

Crown and Bridge Yes No

Dentures Yes No

Extraction Clause: Does a tooth have to be removed while insured? Yes No

Are resins covered in molar teeth? Yes No

What is the annual maximum for major treatment? _____

Is Endodontic and/or Periodontal treatment classified as basic or major treatment? _____

What amount of the Maximum is used to date for the current year? \$ _____

When was the last New Patient or Complete Oral Exam done? _____

When was the last Recall Exam done? _____

When was the last Full Mouth Series or Panorex taken? _____

You are responsible for keeping your insurance information up-to-date.

Please notify us of any changes to your dental coverage.