

# Welcome to Right Dental Care!



We are pleased you chose our practice for your dental health needs. If you are uninsured, please sign and date?

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

## If insured, please fill out the following information:

We will submit your services to your insurance company as a courtesy based on the information you provided below. All information must be complete to ensure prompt payment for services rendered. **Insurance quotes are only an estimate and are not a guarantee of payment.** Patients are responsible for any amount not covered by the insurance company. Patients are expected to pay any co-pay or portion not covered by the insurance company at the time of service.

Responsible party signature: \_\_\_\_\_

Date Ins was called: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

SSN/ ID#: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Subscriber SSN/ID#: \_\_\_\_\_

Employer Name: \_\_\_\_\_

## Insurance Information

Insurance Name: \_\_\_\_\_

Insurance Phone: \_\_\_\_\_

Insurance Address: \_\_\_\_\_

Insurance Effective Date: \_\_\_/\_\_\_/\_\_\_

Plan/Group#: \_\_\_\_\_

Individual Deductible: \$ \_\_\_\_\_ Met to date: \$ \_\_\_\_\_

Ded. applies to: Prev. / Basic / Major

Dental Maximum: \$ \_\_\_\_\_ Met to date: \$ \_\_\_\_\_

Standard COB: Y / N

Year Type: Calendar / Benefit Year \_\_\_\_\_

### Class I: Preventive \_\_\_\_\_ %

Routine oral exam: \_\_\_\_\_

Prophy: \_\_\_\_\_

Bitewings: \_\_\_\_\_

Pano/FMX: \_\_\_\_\_ **Today?** \_\_\_\_\_

Fluoride: \_\_\_\_\_ Age Limit: \_\_\_\_\_

Sealant: \_\_\_\_\_ Age Limit: \_\_\_\_\_

Vizilite (D0431) \_\_\_\_\_

### Class II: Basic \_\_\_\_\_ %

Posterior composites downgraded on <sup>molars</sup>: Y / N

### Class III: Major \_\_\_\_\_ %

Prosthetic Replacement Limitation: \_\_\_\_\_ History of Prosthetics: \_\_\_\_\_

Implants Benefits: Y / N

Implant Crown Y/N

Waiting Period: Y / N \_\_\_\_\_

Missing Tooth Clause: Y / N

### Allowable under Basic or Major:

Endodontic: Basic / Major

Perio Scaling: Basic / Major - Freq: \_\_\_\_\_

Surgical Extractions: Basic / Major

Simple extractions (7140): Basic or Major

Nightguards (Bruxism D9940) Basic/Major - Freq: \_\_\_\_\_

PAYOR ID: \_\_\_\_\_

NPI: 174031709

**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.