



DR. DAVID RUSHKA INC.
GENERAL DENTISTRY

Questions to ask your dental plan

Date: _____

In order for us to help you to understand your insurance benefits and to enable us to bill your dental plan directly, we require certain information about your dental plan. Due to recent changes in privacy laws, we are unable to contact your insurance provider on your behalf. We have provided this script to you, to guide your conversation with your benefits provider.

Name of Insurance Company: _____

Your employer: _____

Name of Policy Holder: _____

Policy Holder's Birthdate (Year/Month/Day): _____

Group number: _____

I.D. / Certificate number: _____

Percentages: Basic _____% Major _____%

Annual dollar limit: Calendar yr \$_____ Benefit yr \$_____ Amount used to date \$_____

Deductible: Yes No \$ per person_____ \$ per family_____

Limits for scaling: _____ (units per _____)

Limits for root planing: _____ (units per _____)

Limits for x-rays: _____

Recall exam frequency: _____

Is fluoride a paid benefit for adults: Yes No

Are composite fillings paid on molars? Yes No

Does this dental plan pay according to the current fee guide? Yes No