

Stock Exchange Tower
First Canadian Place
130 King Street W, M5X 1A4
T (416) 364 4150
F (416) 364 9730
W www.artindental.com
E info@artindental.com

Dental Benefit Information	Dental Benefit Information
Primary insurance	Secondary insurance
Subscriber:	Subscriber:
D.O.B	D.O.B
Employer:	Employer:
Benefit Company:	Benefit Company:
Policy #:	Policy #:
Certificate #:	Certificate #:
Assignment plan: Y / N	Assignment plan: Y / N
Deductible: \$	Deductible: \$
Fee Guide Year:	Fee Guide Year:
Basic maximum \$	Basic maximum \$
Major Maximum\$	Major Maximum\$
Ortho Max\$per	Ortho Max\$per
Is it a calendar or contract year?	Is it a calendar or contract year?
Basic Dental%, Endo%,	Basic Dental%, Endo%,
Perio%? Emergency%	Perio%? Emergency%
Major%? Ortho%	Major%? Ortho%
Ortho age limit?	Ortho age limit?
Complete Oral Exam frequency:	Complete Oral Exam frequency:
Full Mouth Series of X-Rays? freq	Full Mouth Series of X-Rays? freq
Scaling/root planning units:	Scaling/root planning units:
·	·
Recall exam?	Recall exam?
Polish?	Polish?
Fluoride? Y / N Adult Fluoride?	Fluoride? Y / N Adult Fluoride?
Does your insurance cover white fillings on	Does your insurance cover white fillings on
molars?	molars?
PAN freq: B.W.'s freq:	PAN freq: B.W.'s freq:
Specific Exams:	Specific Exams:
Implant coverage:	Implant coverage: