

## Patient Benefit Worksheet | Assignment of Benefits

Your particular dental plan may or may not cover the full extent of the cost you incur for your dental treatment. This can occur because fees in our office are based on factors which may not have been considered when your dental plan came into effect. In addition, there may be certain procedures performed that are not covered by your individual policy.

Our office will accept direct payment from your dental plan for the cost of those dental services which we may provide that are covered by your individual benefit policy. However, dental plans in the market place today are too numerous and varied to allow us to know all the details of your individual policy. Furthermore, privacy laws often prevent us from obtaining detailed information pertaining to coverage for individual procedures.

For this reason we ask for your understanding if we are unable to provide financial details pertaining to your benefits at the time treatment is recommended. **We will, however, strive to provide the most accurate estimate possible prior to commencing treatment.** In order to better answer your financial questions there is some basic information we require. Please take a moment to fill out the questions found below.

If you are having trouble interpreting the details of your benefit policy or contacting your benefit carrier, please ask, we will be happy to provide you some assistance.

Sincerely,



Adrian M Harbison DMD, MSc



Sean Carey DDS

### Questions to ask your Dental Benefit Carrier / Benefit Information Worksheet

The following are the essential questions that you need to ask your dental benefit carrier in order for us to better provide information as to the financial costs of your dental treatment. By taking a moment to contact your dental carrier and ask these questions our staff will be in a better position to serve you in a timely manner. When contacting your carrier you will require the following:

Your benefit company name \_\_\_\_\_

Your group or plan number \_\_\_\_\_

Your individual Policy and or Group plan number \_\_\_\_\_

Your ID or Certificate Number (not all plans) \_\_\_\_\_

### What to ask?

- |  |                     |          |
|--|---------------------|----------|
| 1. How often am I covered for a complete or new patient exam?  | Code# (01103) _____ | per year |
| 2. How often am I covered for a recall or check-up examination?  | (01202) _____       | months   |
| 3. How many units of scaling (cleaning) am I covered for and is it based on a calendar year or every 12 months?  | (11111) _____       | per year |
| 4. How many units of root planning (deep cleaning) am I covered for each year?   | (43421) _____       | per year |
| 5. How often am I covered for:   |                     |          |
| 1. A panoramic x-ray?  | (02601) _____       | years    |
| 2. Bitewing x-rays (check-up)?   | (02141) _____       | per year |
| 3. Fluoride treatment  | (12101) _____       | per year |
| 4. Polishing   | (11101) _____       | per year |
| 6. What percentage of basic dental treatment does my plan cover (emergency care, root canal therapy, fillings, dental sealants, ect)                       |                     | _____ %  |
| 7. What percentage of major dental treatment does my plan cover (crowns, bridges, and replacement of teeth with partial dentures or complete dentures ect) |                     | _____ %  |
| 8. What is the maximum benefit that I qualify for each year. Is the maximum benefit based on a calendar year (Jan-Jan) or per 12 months?                   |                     | _____ \$ |

t: 403.281.4264

f: 403.281.9365

e: [info@westpeaksdentalsuite.ca](mailto:info@westpeaksdentalsuite.ca)

58, 2580 Southland Drive S.W. Calgary, AB T2V 4J8

[westpeaksdentalsuite.ca](http://westpeaksdentalsuite.ca)