

Dental Insurance Worksheet

This worksheet is to take with you to the HR/Benefits Manager at the Insured's employer. Fill this worksheet out with the Benefits Manager, or have them fill it out for you. Completely filling this worksheet out will help us to maximize your dental benefits. Be sure to have them go over your plan benefits with you – it is very important that you understand your dental insurance benefits, and how your specific plan works!

1.) **Plan Name/Insurance Company Name:**

2.) **Insurance Company Phone Number:**

3.) **Name of Insured Person:**

2.) **Calendar Year or Plan Year Benefits? (circle one):** Calendar Plan Year (dates of plan _____)

3.) **Plan Type(circle one):** Network Plan Non-Network Plan

If Non-Network Plan:

A.) Deductible Amounts: Per person: \$ _____ Per family: \$ _____

B.) 3rd Quarter Deductible Carry Over? (circle one): Yes No

C.) Benefit Levels: Basic Services (%): _____ Restorative(%): _____ Major(%): _____

D.) Is % based on Usual & Customary Fees or a Contracted Fee?(circle one) U&C Contracted

E.) Does the plan have benefits for orthodontic?(circle one) Yes No

 i.) If yes, plan maximum or lifetime maximum?(circle one): Plan Max Lifetime Max

 ii.) Maximum Amount(\$): _____

If Network Plan:

A.) Are benefits still available if I go to a Non-Network Provider?(circle one) Yes No

If yes, Non-Network Provider Benefits are as follows:

A.) Deductible Amounts: Per person: \$ _____ Per family: \$ _____

B.) 3rd Quarter Deductible Carry Over? (circle one): Yes No

C.) Benefit Levels: Basic Services (%): _____ Restorative(%): _____ Major(%): _____

D.) Is % based on Usual & Customary Fees or Contracted Fees?(circle one) U&C Contracted

E.) Does the plan have benefits for orthodontic?(circle one) Yes No

 i.) If yes, plan maximum or lifetime maximum?(circle one): Plan Max Lifetime Max

 ii.) Maximum Amount(\$): _____

Network Provider Benefits:

A.) Deductible Amounts: Per person: \$ _____ Per family: \$ _____

B.) 3rd Quarter Deductible Carry Over? (circle one): Yes No

C.) Benefit Levels: Basic Services (%): _____ Restorative(%): _____ Major(%): _____

D.) Is % based on Usual & Customary Fees or Contracted Fees?(circle one) U&C Contracted

E.) Does the plan have benefits for orthodontic?(circle one) Yes No

 i.) If yes, plan maximum or lifetime maximum?(circle one): Plan Max Lifetime Max

 ii.) Maximum Amount(\$): _____