

Peterson Chan Dental Group  
Insurance Inquiry Form

To ensure your insurance benefits cover your visit in our office, please contact your insurance customer service representative and ask the following questions. Write the answers down and return completed form to our office.

1. Am I allowed to choose any dentist? \_\_\_\_\_
2. What is my group policy name & number? \_\_\_\_\_
3. What is my calendar year maximum? \_\_\_\_\_  
yearly deductible? \_\_\_\_\_
4. Are there any waiting periods? \_\_\_\_\_
5. What percentage do you pay for the following procedures:  
-Diagnostic/Preventative Services \_\_\_\_\_  
-Basic Services \_\_\_\_\_  
-Major services(crowns) \_\_\_\_\_
6. Are the payments based on the office's fees or an insurance fee schedule?  
\_\_\_\_\_
7. Does my plan cover any of the following specialized procedures?  
a) Composite (white) fillings? \_\_\_\_\_  
b) Night guards? \_\_\_\_\_  
c) Implants? \_\_\_\_\_
8. Is there a limit on teeth cleanings per year? \_\_\_\_\_
9. When were my last x-rays? \_\_\_\_\_  
a) How often can they be taken? \_\_\_\_\_