



INSURANCE BENEFIT SUMMARY

“Although you have insurance, some procedures may not be covered. Your level of insurance coverage is determined by the policy your employer selects. It is based on a group benefit plan and does not take into consideration your individual needs. The plans are designed to defray the cost of treatment. The entire amount is not always covered. The patient usually covers some financial responsibility for the treatment and needs to make an informed decision. We will be pleased to help you in every way possible to gain the most from your benefit plan.”

Subscriber Name _____ Birthdate _____

Name of Insurance Company _____ Employer _____

Single or Family Plan: YES / NO (please circle)

Breakdown: Yearly Maximum \$ _____ Basic % _____ Major % _____

Deductible* (if applicable) \$ _____ Dependent Age Limit* _____
*per person or per family *may vary if dependent is a student

Does your insurance pay on a calendar year (Jan-Dec)? YES / NO (please circle)
If NO, what month does it reset? _____

Does your insurance pay on the current fee guide? YES / NO (please circle)
If NO, what year? _____

Recall exam frequency: 6 months / 9 months / 12 months (please circle)

Polish or hygiene (cleaning) frequency: 6 months / 9 months / 12 months (please circle)

Number of scaling units allowed _____ units per calendar / rolling year (please circle)

Is fluoride an eligible expense? YES / NO (please circle) Age restriction? YES / NO (please circle)
If YES, please specify age _____

Number of x-rays allowed per year? _____ Panoramic x-ray frequency? _____

Frequency of complete (comprehensive) oral exam _____

Is root canal treatment (endodontics) listed under Basic / Major coverage? (please circle)

Are composite (tooth coloured) fillings paid on molars? YES / NO (please circle)

Are implants covered under this plan? YES / NO (please circle)

When was your last visit at a dental office? _____

Was any treatment performed at that time? YES / NO (please circle)

If so, what treatment was completed? (please circle) Filling / Root Canal / Cleaning / X-rays / Extractions /

Other(s) _____

Completing this form will provide our office with the necessary information to help you fully benefit from your insurance coverage.

Dr. Lori Simoens BSc, DMD 1,2 | Dr. Kelly Regula DMD, PhD 1,3

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Services are provided through (1) Waverley Dental Corporation, (2) Dr. Lori Simoens Dental Corporation, (3) Kelly Regula Dental Corporation