

## Verification of Insurance

Please contact your insurance company to complete this form, so we can help to maximize your benefits

Patient's name: \_\_\_\_\_ Insured name: \_\_\_\_\_  
Birthday: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Insurance Co name: \_\_\_\_\_ Group name: \_\_\_\_\_  
Group #: \_\_\_\_\_ Employee ID #: \_\_\_\_\_ Verification Date: \_\_\_\_\_  
**Insurance mailing address:** \_\_\_\_\_  
**Insurance Co Phone #:** \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Date of eligibility: \_\_\_\_\_ Family Coverage: \_\_\_\_\_

Annual deductible: \_\_\_\_\_ Max per calendar year: \_\_\_\_\_  
Max per fiscal year: \_\_\_\_\_ Family deductible max: \_\_\_\_\_  
If fiscal year, dates to and from: \_\_\_\_\_  
Deductible for preventive? Yes \_\_\_\_\_ No \_\_\_\_\_  
Are x-rays covered under preventive? Yes \_\_\_\_\_ No \_\_\_\_\_  
Full mouth series or Panorex frequency: \_\_\_\_\_ BW's: \_\_\_\_\_

### Coverage Types:

Preventative: \_\_\_\_\_ Basic: \_\_\_\_\_  
Major: \_\_\_\_\_ Ortho: \_\_\_\_\_  
Other: \_\_\_\_\_  
Comments: \_\_\_\_\_  
Oral surgery paid under medical? \_\_\_\_\_ Percentage of coverage: \_\_\_\_\_  
Dental? \_\_\_\_\_ I.V. Sedations medical? \_\_\_\_\_ Dental? \_\_\_\_\_

### SURGERY

Is perio paid under medical? \_\_\_\_\_ Dental? \_\_\_\_\_ Percent of coverage: \_\_\_\_\_  
Is endodontics considered basic? \_\_\_\_\_ Major? \_\_\_\_\_  
Is coverage based on usual and customary? \_\_\_\_\_ Set fee schedule? \_\_\_\_\_

**General Information:**

**Circle One**

Does plan allow signature on file?	Yes	No
Require specific company forms?	Yes	No
Accept standard CDS claim form?	Yes	No
Require or recommend a predetermination of benefits?	Yes	No
Waiting period for major services?	Yes	No
Time period: _____		
Are sealants covered?	Yes	No
Age limit: _____		
Lifetime Ortho Maximum: _____		
Implants (by report) medical? _____	Yes	No
Age Limit: _____		
Dental? _____	Yes	No
Other exclusions and limitations: _____	Yes	No

**Missing tooth clause:**

Replacement of existing crown & bridge?	Yes	No
How old if unserviceable? _____		
Initial placement only?	Yes	No

**Coordination of benefits with other plans:**

Do you honour the birthday rule?	Yes	No
Gender rule?	Yes	No
Benefit vs. benefits:	Yes	No
Standard way: _____		
100% possible?	Yes	No

**ADDITIONAL AND UNUSUAL COMMENTS:**

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