

Welcome to *Proactive Dental Studio!*

Due to new privacy laws, it is very difficult for us to compile all the insurance information that we require in order to make your appointments as pleasant and efficient as possible. Please call your insurance company BEFORE your first appointment to obtain the following information:

Patient's Name: _____ **DOB:** dd/mm/yyyy **Date:** _____

Name of Insured: _____ **DOB:** dd/mm/yyyy

Primary Insurance: _____	Secondary Insurance: _____
Phone # _____	Phone # _____
Group # _____	Group # _____
ID # _____	ID # _____
Annual financial limits: _____	Annual financial limits: _____
Benefit Year: _____	Benefit Year: _____
Deductible: _____ Fee Guide: _____	Deductible: _____ Fee Guide: _____
Basic coverage: _____	Basic coverage: _____
Major coverage: _____	Major coverage: _____
Recall frequency: _____	Recall frequency: _____
Scaling/Root Planing limits: _____	Scaling/Root Planing limits: _____
OHI: _____	OHI: _____
Frequency for PAN x-ray : _____	Frequency for PAN x-ray : _____
Complete Exam: _____	Complete Exam _____
Are composite (white) fillings covered on molars?	Are composite (white) fillings covered on molars?
e.g.: code 23323 tooth #16	e.g.: code 23323 tooth #16
<input type="checkbox"/> yes, composite	<input type="checkbox"/> yes, composite
<input type="checkbox"/> no, bonded amalgam	<input type="checkbox"/> no, bonded amalgam
<input type="checkbox"/> no, non-bonded amalgam	<input type="checkbox"/> no, non-bonded amalgam
Ortho: _____	Ortho: _____

EDI

Assignment

Non – Assignment

You can fax this information to our office @ (604) 583-4243