

ardental

250.383.3015 • reception@drannarankin.com • drannarankin.com
513 -1207 Douglas Street, Victoria BC, V8W 2E7

Dental Insurance Information and Understanding your Plan

Dental insurance is a valuable method of offsetting the costs associated with dental care. Unfortunately, dental plans are based on a contract drawn up between your employer and your insurance company and reflect coverage for the general public rather than reflecting coverage for your individual dental needs.

Therefore, please keep in mind that what is recommended by your dentist may not always be covered by your plan.

There are thousands of dental plans available. Our dental team members do not have access to the particulars of *your* insurance plan. Although we provide estimates for recommended treatment and submit dental claims on your behalf, we can never *guarantee* what your final costs will be until we submit an estimate and / or receive payment from your insurance company. We strongly recommend that you make every effort to read over and understand your specific dental plan and its limitations / frequencies and plan provisions. Any questions you have regarding your plan should be directed to your insurance company for accurate information.

The Privacy Act and the fact that we are third party prevent us from accessing important information about your plan directly, such as plan provisions, frequency limitations, and various specifics of your plan. We do, however, ensure efforts to make note of this information on your file when it is obtained, so that we may book you accordingly. Insurance clauses and limits change frequently and dental offices are not informed of any changes. If there are any changes or modifications to your plan please contact our office and inform us of any changes so we may update our records.

Please take a moment to contact your insurance company to obtain the details requested below so we may better assist you when booking your appointments. Please return the requested information to our office at your earliest convenience. Should you have any questions please contact reception directly at the office at 250.383.3015 or reception@drannarankin.com.

Date

Patient Signature

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Patient Administrative Form

Dental Insurance Information Required

Insured person and birthdate _____

Insurance carrier _____

Group / policy number _____

ID / Certificate # _____

Percentage of coverage Basic _____ Major _____ Ortho _____

Deductible _____ Family Deductible _____

Annual financial limit _____ calendar / rolling _____

Is this plan covered by current fee guide _____ Year _____

XRAY Limit FMS – Code 02102 _____

Complete Exam eligible Code 01103 _____

Recall limit _____

Scaling / root planning units allowed _____ Fluoride covered _____

Composite restoration on molar teeth _____

Fissure sealants covered on children / adults _____