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To Our Valued Patients:

Due to changes in the federal privacy policies, more and more insurance companies are unable to release details of your insurance coverage to our office. Therefore, we require you to obtain and provide this information. We have provided you with a list of questions to ask your insurance company. Please fill in or circle the information and return this to our office in person, by email or by fax (see contact info at bottom of this page). Alternatively, you can bring an up to date insurance benefit booklet.

Date: _____
Group or Policy # _____
ID or Certificate # _____
Name of Insured Member: _____ D.O.B. _____
Name of Insurance Company: _____
Name of Employer: _____
Family members covered by this plan _____

1. What Fee Guide does your plan cover: Current or Other _____(year)
2. Is your plan on a Calendar Year: Yes or No
Benefit Year: From: _____ to _____
3. Is there a deductible. If Yes, Single\$ _____ Family\$ _____
4. Basic treatment is covered at _____ % with a maximum of \$ _____
5. Major treatment is covered at _____ % with a maximum of \$ _____
6. Are the basic and major maximum: Combined or Separate
7. Is there any coverage for Orthodontics: Yes or No
If yes, covered at _____ % with a maximum of \$ _____ per lifetime? _____ Age limit? _____
8. Please indicate 6, 9, 12, 24 or 36 month interval for each of the following:
Recall Exam: _____ months Complete Exam: _____ months
Full Set of X-rays: _____ months Panoramic X-ray: _____ months
Bitewings X-rays: _____ months Polishing: _____ months
Fluoride: _____ months and if there is any age limit? _____
9. Number of scaling units allowed _____
per calendar year _____ or per rolling 12 months _____
10. Are Composite (white) Fillings allowed on molars (23321) Yes or No
11. Is there any coverage for Implants Yes or No
If implants are not covered, does your plan have an alternate benefit clause? Yes or No
12. Endodontic treatment is covered at _____ %

We ask that you familiarize yourself with your insurance plan as we cannot be responsible for any procedures not covered by insurance. We can use the above information as a guide to answer any questions you might have but ultimately you are responsible for your own insurance information. If you change insurance companies or employers, a new form will be required to be filled out. Although we accept payment from your insurance company directly (when possible), all differences or nonpayments (from insurance) are the patient's responsibility.

If any of your insurance benefits change, we will require this information from you as we do not get this information from insurance.

Patient or Guardian Signature X _____

Thanks for your assistance!