Somerset Crossing Family Dental

Dr. Taneshwar Chahal
Dr. Tanmeet Singh
Dr. Tanya Chacko

Somerset Crossing Family Dental Insurance Breakdown:

Patient's name: _____ Patient's DOB: _____

Is this the Primary or Secondary INS plan for this patient?
Do the accept direct billing? _____ YES _____ NO

Insurance provider/company:_____

Subscriber's name: _____ Subscriber's DOB: _____

Group Number: _____ ID: _____ Div: _____

BREAKDOWN OF COVERAGE

Basic treatment: _____% Maximum limit: $_____

Major treatment: _____% Maximum limit: $_____

OR COMBINED: Maximum limit: $_____ DEDUCTIBLE? _____

Plan Renewal Date: _____

Orthodontic treatment: _____% Lifetime limit: $_____

Frequency of New Patient/Complete Exams: Once every ___ years

Frequency of Recall & Spec exams: Once every ____ months

Frequency of Polish and Fluoride: Once every ____ months

Age limit for Fluoride treatments: Under ____ years old OR _____ No age limit

Frequencies for BW X-rays: Once every ____ months

Frequencies for Panoramic X-rays: Once every ___ years

Number of Units for Scaling/Root Planing Per Benefit Year: _____

Is code 13211 (OHI 1 unit) covered under this plan? _____ YES _____ NO
If yes, how often? _____

16319 Somercrest Street SW Calgary AB T2Y 3M7
(403) 256-6363 (403) 873-1557 FAX