



Insurance Breakdown

6B - 8880 202 Street, Langley, BC V1M 4A7
Phone: (604) 371 3138
info@jvrdental.com

Primary

Secondary

Subscriber _____

Subscriber _____

DOB _____

DOB _____

Employer _____

Employer _____

Benefit Company _____

Benefit Company _____

Policy # _____

Policy # _____

Certificate # _____

Certificate # _____

Assignment Plan YES / NO

Assignment Plan YES / NO

Deductible \$ _____

Deductible \$ _____

Fee Guide Year _____

Fee Guide Year _____

Basic Maximum \$ _____

Basic Maximum \$ _____

Major Maximum \$ _____

Major Maximum \$ _____

Ortho Maximum \$ _____ per _____

Ortho Maximum \$ _____ per _____

Is it a Calendar or Contract year? _____

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Basic Dental _____ %, Endo _____ %

Basic Dental _____ %, Endo _____ %

Perio _____ %, Emergency _____ %

Perio _____ %, Emergency _____ %

Major _____ %, Orth _____ %

Major _____ %, Orth _____ %

Ortho Age Limit (01103) _____

Ortho Age Limit (01103) _____

Complete Oral Exam frequency (02102) _____

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Full Mouth Series of X-Rays? (11111) _____

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Scaling/Root Planning Units? (01202) _____

Scaling/Root Planning Units? (01202) _____

Recall Exam? (11101) _____

Recall Exam? (11101) _____

Polish? (12101) _____

Polish? (12101) _____

Fluoride? YES / NO Adult Fluoride? _____

Fluoride? YES / NO Adult Fluoride? _____

Does your Insurance Cover White Fillings on Molars?
(02601) _____ (02144) _____

Does your Insurance Cover White Fillings on Molars?
(02601) _____ (02144) _____

PAN Freq (01205) _____ BW Freq _____

PAN Freq (01205) _____ BW Freq _____

Specific Exams _____

Specific Exams _____

Please send/bring (info@jvrdental.com) this completed form to our office so we can help you understand your dental benefits