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FAMILY DENTAL CARE

WHAT YOU SHOULD KNOW ABOUT YOUR DENTAL INSURANCE COVERAGE

Insurance Company Name: _____

Group/Plan/Policy Number: _____

ID/Certificate Number: _____

Benefit Year Dollar Limits: _____

• Is your benefit year a calendar or anniversary year? _____

Is there an annual deductible? How much? _____

BASIC COVERAGE INFO

Percentage covered: _____

Are composite (white) fillings covered on molars? _____

FEE CODE: 23321

How often are recall and new patient exams covered? _____

RECALL - FEE CODE: 01202

NEW PATIENT – FEE CODE: 01103

How often are xrays covered? _____

FULL MOUTH – FEE CODE: 02102

BITEWINGS – FEE CODE 01202

How many units of scaling and root planing are covered? _____

• Is that every calendar year or rolling 12 months? _____

FEE CODE: SCALING – 11111

ROOT PLANING – 43421

Are night guards covered? _____

How often? _____

FEE CODE: 14611

MAJOR COVERAGE INFO

Percentage covered: _____

• Is your yearly limit a combined limit (basic and major)? _____