

In order for us to accept assignment from your insurance company we need to know what you are covered for and how often. Please take the time to fill this out and bring with you to your appointment or fax to 403-226-3674 or email to [mary@creativesmiles.ca](mailto:mary@creativesmiles.ca) / [juvy@creativesmiles.ca](mailto:juvy@creativesmiles.ca) cannot access this information from the insurance company.

Date: \_\_\_\_\_ insurance company: \_\_\_\_\_

Policy or group number: \_\_\_\_\_ Id or certificate number: \_\_\_\_\_

Yearly deductible: \_\_\_\_\_ Benefit or calendar year: \_\_\_\_\_

Basic %: \_\_\_\_\_ Major %: \_\_\_\_\_

How often are recall exams allowed? \_\_\_\_\_

How many scaling units per benefit or calendar year are covered? \_\_\_\_\_

Is fluoride covered for adults and children? \_\_\_\_\_

Is my maximum amount of money per benefit or calendar year? \_\_\_\_\_

Is my maximum amount of money combined with basic and major or separate? \_\_\_\_\_

Can my dental office obtain information about my estimates that are sent in? \_\_\_\_\_

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