

DR. CARMEN SCHULLER DDS PLLC

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As a courtesy, we will file insurance claims on your behalf for dental services rendered in our office. We do not have contractual agreements with insurance carriers. The following information is needed so that we may file to your insurance carrier on your behalf. Please answer all questions. To obtain this information, you may call the 800 number on your insurance card, or the individual responsible for benefits in the human resources department of your company.

Plan Information:

1. Patient Name:
2. Date of Birth:
3. Insured's name (if other than patient):
4. Insured's ID #, and or Social security number (they may not be the same):
5. Insured's Date of Birth:
6. Relationship to patient:
7. Group name (employer):
8. Employer Address:
9. Employer phone number:
10. Name of insurance company:
11. Address of insurance company:
12. Electronic Payer ID (used for electronic claims submission):
13. Phone number of insurance company:
14. Group/policy number:
15. Are you allowed to see any dentist you choose?
16. Will your insurance carrier send payments to a non-participating provider?

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Coverage Information:

1. At what percentage are the following services covered under your plan?
  - a. Preventative services (i.e. cleanings, check-ups and x-rays):
  - b. Does the deductible apply to these services?
2. Basic services (i.e. fillings):
3. Major services (i.e. crowns and bridges):
4. Annual Maximum:
5. Annual Deductible:

Frequency & Limitations:

1. How often are you entitled to cleaning and check up?
2. How often are you entitled to full set of x-rays or panorex x-ray?
3. When was the last time you had a full set of x-rays or panorex x-ray?
4. Do you have any waiting periods for services?

Once you have obtained all information, please forward this questionnaire to our office, it would be helpful if we have it prior to your visit.

Thank you

Office Manager