

Welcome to Proactive Dental Studio!

Due to new privacy laws, it is very difficult for us to compile all the insurance information that we require in order to make your appointments as pleasant and efficient as possible. Please call your insurance company BEFORE your first appointment to obtain the following information:

Patient's Name _____

Primary Insurance carrier name:

Phone# _____

Group# _____

ID # _____

Secondary Insurance carrier name:

Phone# _____

Group # _____

ID # _____

Annual Financial Limits: _____
Deductible _____

Annual Financial Limits: _____
Deductible _____

% of coverage for basic work: _____

% of coverage for basic work: _____

% of coverage for major work: _____

% of coverage for major work: _____

Frequency of complete exams: _____

Frequency of complete exams _____

Panoramic x-ray frequencies: _____

Panoramic x-ray frequencies: _____

Frequency of recalls _____

Frequency of recalls _____

Annual scaling/root planing limits _____

Annual scaling/root planing limits: _____

**Are composite (white fillings)
covered on molars? YES / NO**

(e.g. code 23323, tooth #16)

**Are composite (white fillings)
covered on molars? YES / NO**

Please bring this completed form to your first appointment or fax it at 604 583 4243.

Thank you for your assistance and we look forward to providing you with excellent dental care.

Dr. D. Vaida and Staff