

**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** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Primary Insurance:**

**Secondary Insurance:**

Phone # \_\_\_\_\_

Group # \_\_\_\_\_

ID # \_\_\_\_\_

Annual financial limits:

Deductible:

Basic coverage:

Major coverage:

Recall frequency

Scaling/Root planing limits:

Frequency for panoramic x-ray  
& complete exam

Are composite (white) fillings covered on molars?  
eg: code 23323 tooth #16

YES / NO

Ortho:

You can fax this information to our office @ 604 583-4243