

PRECISION

DENTISTRY

Insurance Information

Insurance Provider:

Effective Date of Coverage:

Group No:

ID/Cert No:

Name of Employer:

Name of Policy holder:

Policy holder's Date of Birth:

A % Limit _____

B % Limit _____

C % Limit _____

Policy Year End:

Fee Guide:

Deductible:

Recall Frequency:

Scaling/Root Planing Limit:

Adult Fluoride:

Sealants: Age Limit: _____

Posterior Composites:

EDI (Electronic Billing):