



PATIENT QUESTIONNAIRE

Before we are able to have you come into the office for any dental work, we need to go over the attached questionnaire.

Please answer all the questions and return either through a scan or photo (ie. ELECTRONICALLY). This is a new measure we are putting in place so that there is no cross-contamination of paperwork.

Another new protocol is to ESCORT YOU RIGHT INTO AND OUT OF THE OFFICE once your procedure is done. This is the reason we will need a credit card (or any payment method) on file to cover any balance owing after the insurance has paid their share. We will do our very best with your insurance company, but because of our new protocols in place, we advise that you contact your insurance company and get the proper breakdown of your benefits so that there will be no surprises.

- 1. Do you pay according to the current fee guide?**

- 2. How much is your deductible?**

- 3. Please provide the percentage coverage for: Basic dental work? and major dental work?**

- 4. Please provide the maximum amount you can spend per year for BASIC and MAJOR dental work.**

- 5. Please define whether your BASIC and MAJOR coverage is a COMBINED MAXIMUM.**

- 6. How often can the following be done:**

RECALL Exam:

COMPLETE Exam:

PANORAMIC X-RAY:

7. How many scaling/teeth cleaning units do you have per year?

8. What is your benefit year cycle date?

PLEASE NOTE:

After arriving at the office, please stay in your car and call us. We will advise you when to come in to have your temperature taken, have you hand sanitize, place booties to cover your shoes and take you right to the operatory.

Thank you for your patience as we try to keep everyone safe during these unprecedented times.

PATIENT/PARENT/GUARDIAN SIGNATURE:

DATE: