

# LASER PERIODONTICS & IMPLANT DENTISTRY

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## Dental Benefit Information Form

Thank you for taking time to acquire this information from your Dental Benefits Administrator. Over time, we have found the insured person is able to secure more information from their insurance company. Our goal is to assist you in obtaining your reimbursement from your insurance company as quickly as possible. A member of our team will help you understand the information you have gathered and the role it will play in going forward with your recommended treatment plan.

Please follow the format and instructions below. If you have any difficulty, please call our office at 256-231-0077 and one of our team members will gladly assist you.

1. **Call the phone number on the back of your dental insurance card.** If you don't have a card (some companies do not issue cards for dental) or a benefits booklet, call your Human Resources officer and they should be able to provide that phone number.
2. Follow the prompts or tell the customer service representative that you are calling to obtain **dental eligibility and benefit information.**

3. **Ask for the following. Please record the answers below:**

- Am I currently eligible for dental coverage? Yes or No \_\_\_\_\_
- What is my maximum for the calendar year? \$ \_\_\_\_\_
- How much is remaining of my yearly maximum? \$ \_\_\_\_\_
- What is my yearly deductible? \$ \_\_\_\_\_
- Has my deductible been met? Yes or No/Amount met \$ \_\_\_\_\_
- Do I have coverage for Periodontal Care? Yes or No \_\_\_\_\_

- If yes, what is the **Frequency & Percentage** covered for the following service codes:

Code	Freq	%	Code	Freq	%
D4910			D4341		
D4260			D4271		
D6010			D4273		
D7210			D4263		
D7953			D4266		

Again, thank you for your efforts in securing this information. Please return this form with your other patient registration information and we will be prepared for your visit with us. We look forward to serving you in the near future.

**Dr. Benjamin Williams, Dr. Shannon Thomas & Team**

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