

Name of policy holder/subscriber: _____

(Have available if caller is a spouse or dependent)

Date: _____

Birthdate of policy holder/subscriber: _____

(Have available if caller is a spouse or dependent)

Member ID/Subscriber ID/Number: _____

Group Number: _____

Do I have out of network benefits? YES NO

What fee schedule is used if I see a dentist that is out of network? UCR (Usual, Customary, Reasonable) Other: _____

Does my insurance follow assignment of benefits if I have out of network benefits?

YES, my insurance sends payment to Pike Lake Dental with a signature on file

NO, my insurance sends payment to me (the Subscriber/Patient)

What is my benefit period? Calendar Year (January 1 – December 31) Other: _____

What is my benefit maximum amount?

\$ _____

Is my benefit maximum per individual or is it a shared family maximum?

Individual

Shared Family Maximum

How much of my benefit maximum amount is remaining as of today? \$ _____

Does the benefit maximum & deductible apply to my exams, x-rays, & cleanings? YES NO

What is my individual deductible? \$ _____ What is my family deductible? \$ _____

How much of my deductible is remaining as of today? \$ _____

Once completed, please return to Pike Lake Dental Center so we can scan the information into your records.

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BENEFITS BREAKDOWN

** This is only a summary of services*

Service	Co-Insurance Percentage	Frequency of Limitations (examples: 2 x calendar year, 2 x 12 months, 1 x 6 months, 1 x 60 months)	Waiting Period
Exam	%		
Bitewing Xrays	%		
Panorex or Panoramic Xray	%		
Cleaning (Prophylaxis)	%		
Periodontal Maintenance	%		
Fillings	%	Are posterior (molar) composites (tooth-colored fillings) covered services or do I pay the difference between a composite and amalgam (silver) fillings?	
Crown	%		
Root Canal (Endodontics)	%		
Extractions	%		
Bridge, Partial, Denture (Prosthodontics)	%		
Implants	%		
Occlusal Guard/Splint	%		
Orthodontics	%	What is the ortho age limit? What is the ortho lifetime maximum?	

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