

**Artistry Smile Center
1170 Old Henderson Rd
Suite 104
Columbus, Ohio 43220**

ATTENTION PATIENTS AND POLICY HOLDERS:

DUE TO THE CONSTANT CHANGES IN INSURANCE POLICIES PLEASE BE AWARE THAT IT IS YOUR RESPONSIBILITY TO KNOW YOUR DENTAL BENEFITS ON YOUR OWN PLAN. CONTACT YOUR DENTAL INSURANCE PROVIDER PRIOR TO YOUR APPOINTMENT AND CHECK YOUR BENEFITS.

GENERAL QUESTIONS TO ASK:

- Do I have any deductibles? (EX: Individual-\$50 Family-\$150)
- What is the effective date of my policy?
- What is my yearly maximum?
- How many exams am I allowed per year?
- Are my cleanings covered 2 per calendar year, or per 6 consecutive months? If it is per 6 consecutive months- Never schedule an appointment earlier than 6 months and 1 day. To make sure your cleaning is covered.
- Do you downgrade Composite restorations (white fillings) to Amalgams restorations (silver fillings)? If yes, what is my financial obligation?
- Am I on a calendar (January 1st-December 31st) or fiscal (Ex-July 1st-June 30th) year plan? You want to know when your benefits renew.
- Are these x-rays covered?
 - Bitewings, periapicals, panorex, full series? (our office takes a set of 7 x-rays annually-4 Bitewings and 3 anterior periapicals) Recommend that you verify coverage of these x-rays with your insurance, prior to your appointment.
 - What is the frequency on each of these x-rays?
- Do I have any waiting periods?
 - How Long?
 - For which procedures?
- Ask to have a breakdown of benefits sent to you as a reference. (to keep on hand)
- What are your co-pays for Basic and Major services? (EX: 20%, 50%, etc).
- Check frequently with you insurance company to know how much of your annual benefit maximum has been used to date. Renews annually.
- Most insurances have out of network benefits, if we are not in-network check to see what your out of network benefits are. Most of the time they are comparable to network benefits and the benefit is that you can continue to be a patient in our office!

FAILURE TO COMPLY MAY RESULT IN NON-PAYMENT FROM YOUR INSURANCE COMPANY AND YOU THEN WILL BE RESPONSIBLE FOR ANY UNPAID CLAIMS. IF YOU HAVE ANY QUESTIONS WE WILL BE MOST HAPPY TO ASSIST YOU!
If you want a more exact estimate, always ask for a predetermination to be sent to your insurance.

Signature _____

Date _____