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Welcome to Dental By High Park,

Due to the current Privacy Legislation, insurance companies are no longer allowed to release your private information if we contact them on your behalf. Please spend a few minutes on the phone with your insurance provider and complete this form so that we may help you understand your dental benefit. Please fill in ALL blank areas on this form.

Please have the following information ready prior to calling your insurance company:

Policy #: _____ Certificate#: _____
Patient's Name: _____ Policy Holder Name: _____
Policy holder Date of Birth: _____

The following information is required so that we can help you understand your dental benefit:

Annual Dental Benefit Maximum per patient: _____
Insurance Benefit used to date: _____

"Basic" Dental Treatment Maximum: _____
"Major" Dental Treatment Maximum: _____

Anniversary date of the policy: _____
Are benefits current with ODA Fee Guide? _____
Annual Deductible Amount: _____
Are white fillings on molars covered?

What is the percentage of insurance coverage for

Diagnostic _____%
What is the frequency of "Recall" Appointments? Every 6months: _____ 9months: _____
Preventive _____%

What is the number of scaling units covered per Benefit Year? _____
Restorative _____% Periodontal _____% Endodontic _____% Orthodontic _____%

Please bring the completed form to our office so we can help you understand your dental benefit.
If you have any questions please do not hesitate to call 416 901 7293
www.dentalbyhighpark.com