DRS. CLAYTON, KLEINMAN, & CANBY

243 KING STREET, SUITE 112

NORTHAMPTON, MA 01060

413-584-5199

INSURANCE BENEFIT INFORMATION

Date ____________ 1st Ins. Company ________________ 2nd Ins. Company (if applies)______________

Insured's (Subscriber)Name ______________________ Employer's Name _________________________

Soc. Sec. Number or ID Number __________________ Group Name ______________________________

Group or Plan Number _________________________ Patient's Name ___________________________

Insurance Name ______________________________ Subscriber Date of Birth ____________________

Claim Address ________________________________ Insurance Claim Phone Number ______________

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Electronic Payor ID Number _____________________ Eligibility Date ____________________________

Deductible $ ___________________ per year or lifetime

Maximum per Year _____ ____________Used______ Calendar Year (Jan – Dec) ____or Plan Year ___

Coverage Allowed:

Exams____________________ 2 Times Per Year___ or 6 Months Apart _____

Cleanings __________ 2 Times Per Year___ or 6 Months Apart _____

Fluoride Treatments _____ 2 Times Per Year___ or 6 Months Apart _____

Sealants to age ______

Full Mouth X-rays_____# of Bitewing X-rays __Per Year ____________________ 6 Months ___________

Sealants to age _____________

Is there a Missing Tooth Clause in your policy? Is Predetermination Required?

Are resin fillings paid as amalgam fillings?

If you think you may need crowns, inlays, bridges, partials, you may want to inquire about your coverage.

Thank you for taking the time to learn about your coverage.