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## Benefit Questionnaire

Attention: Please fill out this form COMPLETELY in order to accurately process your dental claims.

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Before calling you will need to know:**

Insurance Company Name: \_\_\_\_\_

Insurance Company Phone Number: \_\_\_\_\_

Insurance Company Claims Mailing Address: \_\_\_\_\_

Member ID or Social Security Number of the BENEFIT HOLDER: \_\_\_\_\_

Benefit Holder's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

**Information to ask your insurance carrier:**

- 1.) Do you have dental coverage? Yes No
- 2.) Do you have Out of Network coverage? Yes No
  - a. If no, please request a list of in Network providers for your records and you can end call.
  - b. If yes, please move on to question #3.
- 3.) Can you see both Premiere and PPO doctors? Yes No, PPO Only Other: \_\_\_\_\_
- 4.) What is the yearly maximum amount: \$ \_\_\_\_\_
- 5.) How much is the yearly deductible? Individual \$ \_\_\_\_\_ Family \$ \_\_\_\_\_
- 6.) What percentage is covered for Preventative (Includes cleanings and xrays)? \_\_\_\_\_%
- 7.) What percentage is covered for Basic (includes additional xrays and fillings)? \_\_\_\_\_%
- 8.) What percentage is covered for Major (includes crowns and removable appliances)? \_\_\_\_\_%
- 9.) How often are cleanings covered? 2 per year 1 every 6 months Other: \_\_\_\_\_
- 10.) How often are xrays covered? Bitewings \_\_\_\_\_ Panoramic \_\_\_\_\_
- 11.) Are Occlusal Guards covered (dental code D9944)? Yes No
  - a. If yes, what percentage is covered? \_\_\_\_\_%
  - b. If yes, what is the plan frequency? 1 per year 1 per policy other: \_\_\_\_\_
- 12.) Is orthodontics covered? Yes No
  - a. If yes, what is the life time max? \$ \_\_\_\_\_
  - b. If yes, what percentage? 50% 60% Other: \_\_\_\_\_
  - c. If yes, what is the age limit? \_\_\_\_\_ years old