

**Dr. Sidney Chow BSc. D.M.D.**

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Insurance Information

As a service to our patients, our office will accept and bill most plans directly. We do this to help meet our goal of providing high quality dental care to all of our patients, with minimal paperwork and financial road blocks. Unfortunately, some insurance companies have become increasingly difficult to deal with, as they prefer not to discuss policies with dental offices, but rather members themselves.

To assist us in dealing with your insurance, we request that you provide the following information:

**Insurance Company Name** \_\_\_\_\_

**Insured's Name** \_\_\_\_\_ **Insured's DOB** \_\_\_\_\_

**Group/Contract #** \_\_\_\_\_ **ID#/Cert#** \_\_\_\_\_

**Basic Coverage** \_\_\_\_\_ % **Yearly Limit** \_\_\_\_\_

**Major Coverage** \_\_\_\_\_ % **Yearly Limit** \_\_\_\_\_ **or Combined Limit** \_\_\_\_\_

**Recall Interval** (circle one): **6 Months** **9 Months** **12 Months**

**Perio Limit: Scaling or Root Planing Limit** \_\_\_\_\_ **units** \*Are they Cal yr/12mo/12 rolling

**Are white fillings covered on molars?** (circle one): **Yes** **No**

**Does your plan pay the current BC Fee Guide?** (circle one): **Yes** **No**

**Will your plan pay dental office directly?** (circle one): **Yes** **No**

**Plan deductible amount** \$ \_\_\_\_\_

Thanks for your assistance, please understand that the total cost of the treatment is your responsibility. We will do our best to assist you in gaining your benefits.