

Date: _____

NAME: _____

Insurance Carrier: _____ (ex: Manulife, Blue Cross, GreenShield...)

Fee Guide: _____ (ex: current year)

Expiry: _____ (ex: Jan 1-Dec 31)

Recall interval: _____ mos

Scaling units per year/interval: _____

BASIC: % _____ Max \$ _____

MAJOR: % _____ Max \$ _____

Ortho coverage? _____

Comprehensive exam frequency: _____ (ex: every 36 months)

Panoramic xray frequency: _____

Any other notes or details:
