Dr. Dan Dagasso
ORTHODONTICS

Dr. Dan Dagasso BSc, DMD, MCID, FRCD(C)
BC Certified Specialist in Orthodontics and Dentofacial Orthopaedics

INSURANCE INFORMATION:

In advance of your appointment with our office, please contact your dental insurance company to confirm and document the details of your orthodontic coverage. Please know that due to privacy protection, our office cannot contact your insurance company for this information. By having this information available at your first visit with our office, we will be able to provide you with more accurate information regarding the financial aspects of the orthodontic treatment. Please use this form to guide you in communicating with your insurer.

	DENTAL PLAN #1	DENTAL PLAN #2
INSURANCE COMPANY:		
ADDRESS FOR CLAIMS FORMS:		
CONTACT (FULL NAME OF PERSON YOU SPEAK WITH AT THE INSURANCE COMPANY):		
DATE OF CALL:		
TIME OF CALL:		
POLICY HOLDER:		
POLICY HOLDER'S BIRTHDATE:		
GROUP/CONTRACT NUMBER:		
CERTIFICATE & DEPENDENT NUMBER:		
ORTHODONTIC LIFETIME MAXIMUM:		
ORTHODONTIC REIMBURSEMENT %:		
IS THERE A YEARLY MAXIMUM?:		
IS THERE A CALENDAR YEAR MAXIMUM?:		
WILL THEY REIMBURSE IN FULL IF TREATMENT IS PAID IN FULL?:		
MAXIMUM INITIAL FEE %:		
POLICY AGE LIMIT:		
ORTHODONTIC AGE LIMIT:		

PLEASE FEEL FREE TO CONTACT OUR OFFICE IF YOU REQUIRE ASSISTANCE OR FURTHER INFORMATION.