

the TMJ doc

PRIYA MISTRY DDS

Verifying OUT-OF-NETWORK Benefits Guide for Patients:

Name of Patient: _____ Date of Birth: _____

Insurance ID Number: _____ Name of Insurance: _____

Name of Contact: _____ Date called: _____

Out of Network Coverage:

Deductible: Individual: (plan amount) \$ _____ / (what has been met) \$ _____

Family: (plan amount) \$ _____ / (what has been met) \$ _____

What may my plan pay up to: _____ % After meeting the deductible

Out of Pocket: Individual: (plan amount) \$ _____ / (what has been met) \$ _____

Family: (plan amount) \$ _____ / (what has been met) \$ _____

My insurance plan resets on (Date): _____

Is non-surgical TMJ treatment **excluded** in my out of network plan? Yes/ No _____

Reference number of the call you had: _____

Is non-surgical TMJ treatment **included** in my out of network plan? Yes/ No _____

Does my plan have **limitations** for non-surgical TMJ treatment? Yes/ No _____

Does my plan have **exclusions** for non-surgical TMJ treatment? Yes/ No _____

What is my **Lifetime Max** for non-surgical TMJ treatment? _____

Do I need to have a preauthorization to use my TMJ benefits? _____

Reference number of the call you had: _____

Notes: _____

Please retain this for your records, so that you may keep your insurance accountable for the information provided to you.

This is only a templet that is provided to patients to help with the verification process of their insurance, the office does not bill patient insurance, that is the patient's responsibility.