

Benefits Form

How often am I covered?

Recall Exam (01202): _____

Polish (11101): _____

X-rays (bite-wings/pan) (02144/02601): _____

Fluoride (12101): _____

Periodontal Probing (49101): _____

How many units of scaling/root planing are covered per year? _____

What is my yearly maximum? \$ _____

Is this per calendar year? _____

** We do not make treatment recommendations based on your benefits plan. We do, however, like to help you be aware of possible dental charges you may incur due to treatment. Ultimately, it is your responsibility to know the specifics of your plan and what it covers, as this information may change with time.*

*Please note on your calendar,
your next hygiene appointment is:*

*** We require two full business days notice to change an appointment,
or a fee may apply.*

Oasis Family Dental

105 - 6209 50th Street
Leduc, AB, T9E 7A9
P 780-986-0016

TLC Family Dental

Unit 4, 5209 Discovery Way
Leduc, AB, T9E 8N4
P 780-986-8860