

Dental Coverage & Payment Questions Planner

Compare current plan documents and confirm details for the care you expect to need. Mark unknown answers with “?”. Attach extra notes as needed.

Name / date / anticipated treatment:

Details to confirm	Plan A	Plan B
Plan name / benefit year		
Monthly / annual premium		
Deductible / when it applies		
Annual benefit limit / remaining benefit		
My dentist / specialist in network?		
Waiting periods / effective date		
Expected treatment: plan pays / I pay		
Payment basis / allowed amount		
Exclusions / replacement limits		
Denture / implant limits, if relevant		
Document or contact / date checked		

Questions still to confirm / whom to contact:

An annual benefit limit caps what the plan pays; it is not a cap on your costs. Estimates do not guarantee coverage or your final bill.

Review Payment Terms

Dental Payment Questions

Complete this page only if considering a payment arrangement. Request the written agreement and ask the provider or lender to clarify unclear terms.

Provider / lender / agreement date:

Treatment cash price / down payment / amount financed:

APR (interest rate) / fixed or variable / fees:

Payment amount / number of payments / due dates:

Total repayment / what interest or fees this includes:

Promotional terms: ask before signing

True 0% interest or deferred interest? Promotion end date:

Balance needed to avoid interest / required payoff date:

If a balance remains: when is interest calculated from?

Late-payment consequences / fees / credit reporting:

Ask whether minimum payments will clear the promotional balance in time. Confirm cancellation, refund, and early-payoff terms in the agreement.

Compare the treatment and total cost before financing. Deferred interest may be charged back to the purchase date if promotional conditions are not met.