A PATIENT-FACING ORGANIZATION WORKBOOK

Your Dental Visit Clarity Kit

Know what to ask before, during, and after treatment.

A calm place to prepare your questions, record the details you are given, and keep your visit paperwork together.

INSIDE THIS KIT

- Before Your Visit — gather, compare, prepare
- At the Clinic — note, ask, evaluate
- After Your Visit — track, follow up, organize

SPARKLOOP • PRINTABLE EDITION

START HERE

How to use your kit

Use only the pages that fit your visit.

1. **Prepare**
   Before the appointment, use the checklists and trackers to collect questions and information.

2. **Bring**
   Print the pages you want—or type into the fields before saving a copy—and take them to the visit.

3. **Record**
   Write down what the dental office and your plan tell you. Ask for copies of estimates, receipts, and claim details.

4. **Review**
   After the visit, keep related paperwork together and follow up directly with the appropriate office or plan.

Helpful reminder

My reason for using this kit / appointment focus

Important
This kit is for educational and organizational use only. It is not medical, dental, insurance, legal, or financial advice. Confirm coverage, costs, payment terms, and treatment decisions directly with your dental office and insurance plan.

BEFORE YOUR VISIT

Bring what helps

Print this page and check items as you pack.

Documents and details to gather

- [ ] Photo ID and current dental insurance card, if applicable
- [ ] Appointment confirmation and dental office contact details
- [ ] Any written treatment estimate or procedure description already provided
- [ ] A current list of questions or priorities for this visit
- [ ] Relevant benefit, deductible, or annual-maximum information from your plan
- [ ] Previous related receipts, explanation-of-benefits notices, or claim references
- [ ] Payment-option information you want to compare or ask about
- [ ] A support person's contact details, if you plan to involve one

Anything else I want to bring or remember

Benefits & estimate questions

Use these prompts to prepare—not as answers or advice.

Questions I may ask the dental office

- [ ] Can you provide the proposed services and their codes or descriptions in writing?
- [ ] Which parts of this plan are planned now, and which parts could be discussed later?
- [ ] What information was used to prepare this estimate?
- [ ] Can I receive a copy of the estimate and any payment-policy information?

Questions I may ask my insurance plan

- [ ] What is my current annual maximum and how is it tracked?
- [ ] What deductible information applies to my plan at this time?
- [ ] What information do you need to discuss an estimate or claim?
- [ ] Are there timing, network, authorization, or document questions I should clarify?

My top questions for this visit

Annual maximum & deductible tracker

Record information as told by your plan or office.

This page is a personal record only. Amounts and coverage can change; confirm current details directly with your insurance plan.

Annual maximum

Plan year / dates

Amount stated by plan

Amount used so far

Amount remaining

Source / reference

Deductible

Plan year / dates

Amount stated by plan

Amount met so far

Amount remaining

Source / reference

Questions or timing details to confirm

Important

This kit is for educational and organizational use only. It is not medical, dental, insurance, legal, or financial advice. Confirm coverage, costs, payment terms, and treatment decisions directly with your dental office and insurance plan.

AT THE CLINIC

Treatment-plan notes

Capture the details you are given in your own words.

Appointment date

Dental office / location

Who I spoke with

Services or treatment discussed

What the office explained about next steps, timing, or documents

What I want to clarify before deciding

AT THE CLINIC

Question prompt list

Choose the prompts that help you stay organized.

Prompts to consider

- [ ] May I have a written copy of the treatment plan and estimate?
- [ ] What details should I confirm with my insurance plan?
- [ ] Are there choices, timing considerations, or questions I should discuss with the dentist?
- [ ] What is included in the office estimate, and what may be separate?
- [ ] What payment options does the office offer, and where can I review the terms?
- [ ] Who should I contact if I have questions after I leave?
- [ ] Can you note any follow-up date, document, or action I should remember?
- [ ] May I take time to review this information before making a decision?

My exact question or response

AT THE CLINIC

Payment-option comparison

Use this as a discussion record; review terms with the provider.

List options presented to you. Do not rely on this worksheet for financial advice or a guarantee of any price, approval, or outcome.

Option / provider	Amount or estimate shown	Timing / due dates	Terms or questions to review	Where I can confirm details

Questions I need answered before choosing an option

Important

This kit is for educational and organizational use only. It is not medical, dental, insurance, legal, or financial advice. Confirm coverage, costs, payment terms, and treatment decisions directly with your dental office and insurance plan.

AFTER YOUR VISIT

Receipt & claim tracker

Keep a simple record of paperwork and contacts.

Date	Document or claim reference	Office / plan contact	What I was told	Next action / due date

Receipt, claim, or explanation-of-benefits details I want to keep together

AFTER YOUR VISIT

Follow up & organize

Check off only the actions that apply to you.

Follow-up checklist

- [ ] Save my treatment estimate, receipt, and any payment information
- [ ] Review any paperwork or benefit information I received
- [ ] Contact the dental office with visit or document questions
- [ ] Contact my insurance plan to confirm current coverage or claim details
- [ ] Write down a follow-up date, if one was discussed
- [ ] Keep copies of messages, reference numbers, and documents together

Document organizer

Document	Date	Where it is saved	Notes / reference number

KEEP HANDY

Visit reference page

A one-page record for future conversations.

Dental office name

Phone / contact

Insurance plan name

Member services / contact

My preferred way to keep paperwork organized

Important questions, reference numbers, or next follow-up

Important

This kit is for educational and organizational use only. It is not medical, dental, insurance, legal, or financial advice. Confirm coverage, costs, payment terms, and treatment decisions directly with your dental office and insurance plan.