

# DENTAL INSURANCE VERIFICATION FORM

## SUBSCRIBER/PATIENT

If patient answered YES, get the following information:

SUBSCRIBER NAME:	SUBSCRIBER S.S. #
SUBSCRIBER D.O.B:	SUBSCRIBER ID #
INSURANCE GROUP #	GROUP NAME:
PATIENT'S NAME:	PATIENT'S DOB:
INSURANCE CO. NAME:	Insurance Phone #

## B. INSURANCE PLAN BENEFITS

DATE INSURANCE VERIFIED: _____	SPOKE TO: _____	
EFFECTIVE DATE OF SERVICE: _____	BENEFIT YEAR: <input type="checkbox"/> CALENDAR <input type="checkbox"/> FISCAL	ARE FEES: <input type="checkbox"/> Reasonable & C <input type="checkbox"/> Contracted
ANNUAL MAXIMUM: \$ _____ Used?: _____	DED APPLIES: <input type="checkbox"/> PREVENTATIVE <input type="checkbox"/> BASIC AND MAJOR <input type="checkbox"/> ALL	
DEDUCTIBLE MET? <input type="checkbox"/> YES <input type="checkbox"/> NO		
INDIVIDUAL DEDUCTIBLE: \$ _____		

## COINSURANCE AMOUNTS:

Separate MAX for Prev/Diagnostic Services? \_\_\_\_\_

PREVENTATIVE SERVICES COVERED AT: _____ %	PERIO SERVICES COVERED AT: _____ %	Post & Core (D2954): _____
BASIC SERVICES COVERED AT: _____ %	ENDO SERVICES COVERED AT: _____ %	FMD (D4355): _____
MAJOR SERVICES COVERED AT: _____ %	ORAL SURGERY COVERED AT: _____ %	Crown Buildup (D2950): _____
	Bonegraft 7953 (Ok same day as EXT?): _____	

## C. FREQUENCY LIMITATIONS

Prophy :

COMP EXAM (D0150): _____	BWX (D0274): _____	<b>HISTORY (Last Date of Procedure):</b> <i>*Include DOS for FMX/PANO if on file</i>
LIMITED EXAM (D0140): _____	FMX (D0210): _____	
PERIODIC EXAM (D0120): _____	PANO (D0330): _____	
PERIO EVAL (D0180): _____	COMPOSITES: _____	

Are composites downgraded to Amalgam?  YES  NO

Waiting Period for Major Work?  YES  NO

Scaling and Root Planning:  2 Quads per Visit  4 Quads per visits

Frequency: \_\_\_\_\_ (OK SAME DAY AS 1110?)

Perio Maintenance: \_\_\_\_\_  In addition  Either/Or

Perio Covered Under?  Prev/Diag  Basic

Ortho Coverage?

Arestin (4381) :

Missing Tooth Clause?  YES  NO

Are Occlusal Guards Covered?  YES  NO

Covered Under?  BASIC  MAJOR

For Bruxism Only?  YES  NO Frequency: \_\_\_\_\_

Are Implants covered?  YES  NO

Codes: 6010: \_\_\_\_\_ 6057: \_\_\_\_\_ 6059: \_\_\_\_\_