

DENTAL INSURANCE VERIFICATION

Patient _____ Date _____ Staff Initials _____
Subscriber _____ Subscriber DOB _____ SSN _____ - _____ - _____
Employer _____
Insurance Carrier _____ Insurance Company Ph# (_____) _____ - _____
Group # _____ Electronic Claims _____ Payor # _____
Do You Accept Assignment of Benefits? _____ Dependant coverage? _____
COB (Do you coordinate benefits?) _____ Standard? _____ B'day rule _____ Other? _____

Insurance Representative's Name _____ Time _____
Mail Claim To: _____

Eligibility Date _____ Plan Year = Calendar, ___ Contract, _____ Other _____
Maximum Allowed _____ Benefits Used: _____ Deductible Met? Ind _____ Family _____
Fees Based on UCR (Usual Customary and Reasonable) _____ Fee Schedule _____
Diagnostic/Preventive _____ % Basic _____ % Major _____ % (*Indicates Deductible Applies)
Are there ANY waiting periods? _____ If Yes, for what services _____
Eligible for Prosthetic Replacements _____ Pano _____ FMX _____ BWX _____ Exam _____
Missing tooth clause? Yes No Endo- Basic or Major? Perio - Basic or Major? Oral Surg. - Basic or Major?
Are Buildups _____ Inlays _____ Onlays _____ Covered? 4355 _____ basic/major ?
Crns paid on prep / seat? Post Comp @ Ag fee ? _____
Ortho? _____ Maximum _____ Lifetime _____ Deduct _____ Info _____
Billing _____ Initial _____ Monthly _____ Quarterly _____

History

<input type="checkbox"/> Last Prophyl: _____ FMX: _____ Exam: _____ BWX: _____ <input type="checkbox"/> Can a Pano and FMX be covered at the same time? YES NO

Prophy-Interval

<input type="checkbox"/> Do cleanings have to be exactly 6 months apart? YES NO <input type="checkbox"/> Does a patient have to go through periodontal surgery before having more than 2 prophies per year? YES <input type="checkbox"/> NO Can the Hygienist scale more than one quadrant per visit? YES NO Frequency _____

Flouride

<input type="checkbox"/> Is Adult Flouride Covered? YES NO Number of times per year _____ <input type="checkbox"/> Is Child flouride covered? YES NO Number of times per year _____ Sealants? _____
