

Appt. Date/Time: \_\_\_\_\_ @ \_\_\_\_\_ Current Date: \_\_\_\_\_ Your Initials: \_\_\_\_\_  
 Patient Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Insured Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Patient's relationship to insured: \_\_\_\_\_ Call back telephone: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Plan ID: \_\_\_\_\_ Group #: \_\_\_\_\_  
 Insurance Carrier: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Claims Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Insurance ID #: \_\_\_\_\_

FOR OFFICE USE ONLY

<u>WAITING PERIOD</u>	<u>Prev.</u>	<u>Basic</u>	<u>Major</u>
# Months wait: _____	_____	_____	_____
Effective Date: _____	Dependent coverage ___ No ___ Yes - Spouse/Children/Family Age Limit: _____		
Benefit year: _____	Annual Maximum: \$ _____ YTD met: \$ _____		
Deductibles: _____	Individual: \$ _____ Individual YTD Deductible met: \$ _____		
___ Annual ___ Lifetime Carryover? _____	Family: \$ _____ Family YTD Deductible met: \$ _____		
<b>FEE SCHEDULE?</b>	___ YES ___ NO - Or, does this plan pay Usual & Customary Fees? ___ Yes		<b>Percentages</b>
<b>DIAGNOSTIC</b>	0140 LOE _____ Months		_____ %
	0220 PA _____ Months		___ Deductible applies
<b>PREVENTATIVE</b>	0120 PEX _____ Months	1110 Prophy - Limit: ___ 6 Mos ___ 2/Year	_____ %
	0274 BWX _____ Months	1351 Sealants-Age _____ Limit: _____ Months	_____ %
		Flouride-Age _____ Limit: _____ Months	_____ %
	0330/0210 Pano/FMX _____ Yrs.	*Is patient eligible for Pano/FMX? ___ Yes ___ No	___ Deductible applies
<b>BASIC</b>	Examples: Restorations; Simple Extractions; Repairs to Prosthetics; Relines; Rebase Are there alternate benefits for posterior fillings? ___ Yes ___ No		_____ %
	3330 Endo - Indicate if it is considered: ___ Basic ___ Major		
	4341 RP/PS - Is it covered? ___ Yes ___ No		
	___ 4 quad/24mo charting/x-rays ___ Yes ___ No		
	___ 2 quad		
	6010 - 6070 Implants covered? ___ Yes ___ No		
	Implant retained crowns covered? ___ Yes ___ No ___ Need Review		
	9940 Guards covered? ___ Yes ___ No ___ Basic ___ or Major		
	___ bruxism		_____ %
	___ osseous surgery		___ Deductible applies
	Ortho covered? ___ Yes ___ No \$ _____ @ _____ % _____		
<b>MAJOR</b>	2950 Do build ups pay on same day as crown is prepped? ___ Yes ___ No		
	Do crowns pay on ___ Seat Date? ___ Prep Date?		
	Crowns: _____ / Years replacement		_____ %
	Bridges: _____ / Years replacement		___ Deductible applies
	Partials/Dentures: _____ / Years replacement		
<b>SURGICAL</b>	Perio Surgery _____ Medical ___ Dental		_____ %
	Surgical Extractions _____ Medical ___ Dental		___ Deductible applies
	4211 - Gingivectomy - Covered the same day as crown/bridge preps? ___ Yes ___ No		

**MISCELLANEOUS INFORMATION**

Missing tooth clause? \_\_\_ Yes \_\_\_ No  
 Coordination of Benefits \_\_\_ Yes \_\_\_ No  
 Preauthorizations - required or suggested? \_\_\_ Yes \_\_\_ No  
 Birthday rule applies \_\_\_ Yes \_\_\_ No

COMMENTS & NOTES: \_\_\_\_\_

\_\_\_\_\_

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