

# GRINSTATUS

[www.grinstatus.com](http://www.grinstatus.com)

<b>Patient Name:</b>	
DOB:	
Subscriber Name:	
DOB:	
ID#/SS#:	
<b>Insurance Name:</b>	
Telephone:	
Group#:	

## General Coverage Information

Insurance Payor ID: \_\_\_\_\_

☐ Calendar Year

☐ Plan Year:

Effective Date:

Dependent Age:

Maximum Coverage \$:		Remaining Coverage \$:	
Deductible \$:		Met?	
Deductible Applies to:		Family Deductible \$:	
Waiting Period:		Met?	
Missing Tooth Clause:			

## Benefit Coverage

Preventative	
Basic	%
Major	

Endo	%
Perio	%
Oral Surg	%
Occlusal Guard	%
Bruxism only?	
Bridge (7353)	%
Finishes (2391)	%
Posterior Composite?	

## Frequency

Exam	per	
Prophy	per	
PerioMaint (4910)	per	
FMX	per	
PANO	per	
Fluoride (1206)	per	
Sealants (1351)	per	
Prosthetics/Crowns	per	
SRP (4341)	per	
Implant (6010)	per	

Shared with Prophy? \_\_\_\_\_

Shared with FMX? \_\_\_\_\_

Covered up to age? \_\_\_\_\_

Covered up to age? \_\_\_\_\_

Premolar Coverage? \_\_\_\_\_

## History

Exam (0150)	
Prophy (1111)	
FMX or PANO (0210 / 0210)	
SRP (4341 / 4341)	

## Add'l Codes or History


Tier 1

Tier 1

Tier 1

Tier 2

Tier 2

Tier 3

Tier 3

Tier 3