



INSURANCE VERIFICATION SERVICES

DEFINITIONS:

EXPANDED VERIFICATION & ELIGIBILITY: Includes eligibility status, deductible, maximum & remaining benefits for all restorative appointments. Includes eligibility plus breakdown of coinsurance percentages, frequency limitations, history and up to 8 custom service codes/inquiries for all scheduled hygiene/new patients. Completed verification form emailed to the office.

EXPANDED VERIFICATION W/ DATA ENTRY: The Expanded Verification & Eligibility with data entry directly into the patient's chart & verification form scanned into patient chart.

RUSH (LESS THAN 48HRS): Any verification request made by the office with less than 48 business day hours notice.

PLAN OPTIONS:

- AUTOMATICALLY PROCESS ALL PATIENTS ON SCHEDULE AS OUTLINED ABOVE
- PROCESS ONLY NEW PATIENTS & EXISTING PATIENTS NOT SEEN WITHIN 6 OR 12 MONTHS (YOU CHOOSE THE EXISTING PATIENT LAST VISIT PARAMETER)
- ONLY PROCESS PATIENTS REQUESTED BY OFFICE

All verifications are completed within 48hrs (business day hours).

Rush requests should be emailed to the account specialist assigned to your office with the subject line: URGENT VERIFICATION REQUESTED. The office will receive an email notification within 2 hours if the request can be accommodated or not.

Invoices are billed on the 1st of each month for all verification services completed the previous month. Sixty days required to end services. A one time registration fee of \$600.00 is due upon signup (waived for Insurance AR Clients).

The Owl Advantage cannot guarantee insurance coverage for any insurance verification service performed and cannot be held liable for any inaccurate information provided by an insurance company.

EXPANDED INSURANCE VERIFICATION FORM

PATIENT NAME: _____ DOB: _____ ID# _____ SS# _____
SUBSCRIBER NAME: _____ DOB: _____ ID# _____ SS# _____
INSURANCE COMPANY: _____ GROUP# _____ PH# _____
ADDRESS: _____
NETWORK? ☐ IN ☐ OUT FEE SCHEDULE? _____ PAYOR ID# _____
EFFECTIVE DATE: _____ BENEFIT PERIOD: ☐ CALENDAR YR ☐ BENEFIT PERIOD _____

ANNUAL MAX: \$ _____ REMAINING: \$ _____ IND. DEDUCTIBLE \$ _____ REMAINING DEDUCTIBLE \$ _____
PREV/DIAG: _____% ☐ Y ☐ N DEDUCTIBLE APPLIES? ☐ Y ☐ N WAITING PERIOD? ☐ Y ☐ N _____
BASIC: _____% ☐ Y ☐ N ☐ Y ☐ N _____
MAJOR: _____% ☐ Y ☐ N ☐ Y ☐ N _____
PERIO: _____% ☐ Y ☐ N ☐ Y ☐ N _____
ENDO: _____% ☐ Y ☐ N ☐ Y ☐ N _____
ORAL SX: _____% ☐ Y ☐ N ☐ Y ☐ N _____
PROSTH: _____% ☐ Y ☐ N ☐ Y ☐ N _____
ORTHO: _____% ☐ Y ☐ N ☐ Y ☐ N MAX: \$ _____ REM. MAX: \$ _____ UP TO AGE: _____

FREQUENCY/AGE LIMITATIONS:

PROPHY: ☐ 2/CY ☐ 2/12M ☐ 1/6M ☐ _____
EXAM: ☐ 2/CY ☐ 2/12M ☐ 1/6M ☐ _____
BWX: ☐ 2/CY ☐ 2/12M ☐ 1/6M ☐ 1/CY ☐ 1/12M _____
PA XRAY: _____% DED APPLIES? ☐ Y ☐ N NO FREQ _____
FMX/PAN: ☐ 1/3Y ☐ 1/5Y ☐ _____
FLUORIDE: ☐ 2/CY ☐ 2/12M ☐ 1/6M ☐ 1/CY ☐ _____ UP TO AGE: _____
SEALANTS: ☐ 1/LIFE ☐ 1/3Y ☐ _____ ☐ PERM UNREST MOLARS _____% UP TO AGE: _____

HISTORY:

PROPHY: _____ EXAM: _____ BWX: _____ FMX/PAN: _____ FLUORIDE: _____

CUSTOM CODES/INQUIRIES:

SRP D4341/4342: _____% FREQ/NOTES? _____
FMD D4355: _____% FREQ/NOTES? _____
ARESTIN D4381: _____% FREQ/NOTES? _____
PERIO MAINT D4910: _____% SHARES FREQ W/ PX? ☐ Y ☐ N _____
CROWN D2740: _____% FREQ? _____ DOWNGRADE? ☐ Y ☐ N
IMPLANT D6010: _____% FREQ/NOTES? _____ MISSING TOOTH CLAUSE? ☐ Y ☐ N
BONE GRAFT D7953: _____% FREQ/NOTES? _____
OCCLUSAL GUARD D9944 _____% FREQ/NOTES? _____

COMPLETED BY: _____ DATE: _____
METHOD: ☐ ONLINE ☐ FAX ☐ PHONE: REF# _____

