

**Subscriber/Patient & Insurance Information**

<b>Today's Date:</b>		<b>Insurance Company:</b>	
<b>Patient Name:</b>			
<b>Date of Birth:</b>		<b>Address:</b>	
<b>Subscriber Name:</b>		<b>Phone Number:</b>	
<b>Date of Birth:</b>		<b>Payor ID:</b>	
<b>Relationship to Subscriber:</b>		<b>Group Number:</b>	
<b>Subscriber ID:</b>		<b>Employer:</b>	

**Insurance Plan Details**

<b>Effective Date:</b>		<b>Out of network benefits?</b>	
<b>Plan Type:</b>		<b>Plan Type if Other:</b>	
<b>Calendar or Fiscal Year Plan:</b>		<b>Waiting Period?</b>	

**Maximums and Deductibles**

<b>Yearly Maximum:</b>		<b>Yearly Deductible:</b>	
<b>Remaining Maximum:</b>		<b>Remaining Deductible:</b>	
<b>OON Yearly Maximum/Deductible if other:</b>		<b>Deductible Applies To:</b>	

**Coverage Percentages**

<b>In-Network Percentages</b>		<b>Out of Network Percentages</b>	
<b>Preventative</b>		<b>Preventative</b>	
<b>Diagnostic</b>		<b>Diagnostic</b>	
<b>Basic</b>		<b>Basic</b>	
<b>Major</b>		<b>Major</b>	
<b>Endo</b>		<b>Endo</b>	
<b>Perio</b>		<b>Perio</b>	
<b>Oral Surgery</b>		<b>Oral Surgery</b>	
<b>D7953</b>		<b>D7953</b>	
<b>Implant</b>		<b>Implant</b>	
<b>Ortho</b>		<b>Ortho</b>	
<b>Fixed Bridges</b>		<b>Fixed Bridges</b>	
<b>Partials/Dentures</b>		<b>Partials/Dentures</b>	
<b>D9944</b>		<b>D9944</b>	
<b>D9310</b>		<b>D9310</b>	
<b>Deta Dental only: Premier plan coverage percentages same as in network?</b>		<b>Deta Dental only: Premier plan coverage percentages same as out of network?</b>	

**Plan Frequency and Limitations**

<b>Service Code</b>	<b>Age Limitation</b>	<b>Frequency</b>	<b>Service Code</b>	<b>Age Limitation</b>	<b>Frequency</b>
D0150			D2391		
D0140			D4341		
D0120			D7953		
D0220			D2740		
D0274			D2950/D2954		
D0210			D6010		
D1208			D6057		
D1351			D6065		
D1110			D4266		
D4346			D9944		
D4910			D9310		

**Ortho Benefits**

<b>Coverage:</b>		<b>Age Limitation:</b>	
<b>Seperate Max?</b>		<b>Maximum:</b>	

**Additional Plan Details**

D9944 covers bruxism?		SRP - Quads per visit?	
Missing tooth clause?		Crown paid on prep or seat?	
Fillings Downgraded?		D4910 under prev or perio?	
Exam freq. shared?		D4346 under prev or perio?	
D1110/D4910 Share freq?		FMX/PANO share freq?	

**History**

<b>Exam:</b>		<b>SRP:</b>	
<b>Prophy:</b>		<b>Periomaintenance:</b>	
<b>Bitewings:</b>		<b>Fluoride:</b>	
<b>FMX/PANO:</b>		<b>Sealants:</b>	
<b>Completed by staff member:</b>		<b>Rep Name:</b>	<b>Ref Number:</b>

\*Please note that all insurance benefits are subject to review and may change based on the terms and conditions of the patient dental insurance policy. This verification form reflects current information but does not guarantee payment or coverage as claims are subject to review.