

Insurance Co: _____ DATE _____

Address: _____

Phone: _____

Subscriber: _____ SS#: _____ DOB: _____

Group Name: _____ Group #: _____

Effective Date: _____ Benefit Yr: _____ Waiting period: _____

Yearly Max _____ Used/left: _____ Deductible: _____

Deductible Met: yes or no, Is Deductible applied to Diagnostic and Preventive procedures? Yes or no

Diagnostic & Preventive % _____ Basic% _____

Major% _____ Endodontic% _____

Perio% _____ Oral Surgery % _____

Implants: _____

Are Posterior Composites a covered benefit: _____

Are Occlusal Guards a covered benefit? (Code-D9940) _____

Is it considered Basic or Major?

Frequencies:

Prophy: _____ Periomaintenance: _____ (Basic or Prevent)

Exam: _____ Bitewing x-ray: _____ Full mouth x-ray: _____

HISTORY

Ask for Last Date of Service

- Last Full mouth X-ray taken: _____
- Last Bitewing: _____
- Prophy: _____
- Exam: _____
- Root Planning: _____

Root Planning Submission

What does insurance company need for submission?

- X-rays – Yes or No (full mouth or bite wings)
- Perio Chartings – Yes or No
- Can all 4 quadrants be completed in one visit – Yes or No

Allowable Fees:

- **RP D4341** _____
D4342 _____
- **FMX D0210** _____
- **Exam D0120** _____
- **Prophy D1110** _____
- **Perio D4910** _____
- **Porcelain Fused to Metal D2750** _____
- **Gold Onlay D6611** _____
- **¾ Gold crown D2780** _____
- **2 Surface Porcelain Onlay D2642** _____
- **3 Surface Porcelain Onlay D2643** _____
- **4 Surface Porcelain Onlay D2644** _____
- **Full Porcelain Crown D2740** _____
- **Build Up D2950** _____ (Considered Basic or Major)
- **Can Build up & Crown done on same visit - Y or N**