**DENTAL INSURANCE VERIFICATION FORM**

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| **PATIENT INFORMATION** |

**Patient Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SSN**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_ **Relationship to Subscriber**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SUBSCRIBER INFORMATION** |

**Subscriber Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SSN**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_ **Subscriber ID Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **INSURANCE INFORMATION** |

**Insurance Company**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Insurer is**: [ ]  Primary [ ]  Secondary

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Group Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Effective Date**: \_\_\_\_\_\_\_\_\_\_\_ **Renewal Month**: \_\_\_\_\_\_\_\_\_\_\_ **Yearly Max**: $\_\_\_\_\_\_\_\_

**Deductible Per Individual**: $\_\_\_\_\_\_\_\_ **Deductible Per Family**: $\_\_\_\_\_\_\_\_

**Deductible applies to**:[ ]  Preventative [ ]  Basic [ ]  Major

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| **PREVENTATIVE COVERAGE**  |

**Covered at**: \_\_\_% **Waiting period for preventative coverage?** [ ]  Yes [ ]  No

**Effective Date**: \_\_\_\_\_\_\_\_\_\_\_ **Bitewing Frequency**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Prophylaxis/Exam Frequency**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last FMS**:\_\_\_\_\_\_\_\_\_\_\_

**Eligible for an FMS now?** [ ]  Yes [ ]  No **Eligible for an FMS Every**: \_\_\_ Years

**Fluoride Varnish (D1203/D1204/D1206) Frequency**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is there an age limit on fluoride varnish applications?** [ ]  Yes [ ]  No

* If yes, at what age? \_\_\_

**Is there sealant (D1351) coverage?** [ ]  Yes [ ]  No

* If yes, what teeth are covered? [ ]  Molars [ ]  Premolars

**Is there an age limit on sealants?** [ ]  Yes [ ]  No

* If yes, at what age? \_\_\_

**Replacement on sealant is**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **BASIC COVERAGE**  |

**Covered at**: \_\_\_% **Is there a waiting period?** [ ]  Yes [ ]  No **Effective Date**: \_\_\_\_\_\_\_\_\_

**Includes**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **MAJOR COVERAGE**  |

**Covered at**: \_\_\_% **Is there a waiting period?** [ ]  Yes [ ]  No **Effective Date**: \_\_\_\_\_\_\_\_\_

**Includes**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **PERIODONTAL COVERAGE**  |

**Does the patient have any history of SRP (D4341/D4342)?** [ ]  Yes [ ]  No

* If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is SRP (D4341/D4342) covered?** [ ]  Yes [ ]  No

* If yes, at what frequency? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Can SRP (D4341/D4342) be performed on all quadrants at same visit?** [ ]  Yes [ ]  No

* If not, what is the waiting period? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Can adult prophylaxis & isolated SRP (D4342) be done at same visit?** [ ]  Yes [ ]  No

* If not, what is the waiting period? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is periodontal maintenance (D4910) covered?** [ ]  Yes [ ]  No

* If yes, at what frequency? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **IMPLANT COVERAGE**  |

**Are endosteal implants (D6012) covered?** [ ]  Yes [ ]  No

* If yes, covered at: \_\_\_%

**Are bone replacement grafts (D7953) covered?** [ ]  Yes [ ]  No

* If yes, covered at: \_\_\_%

**Are guided-tissue regeneration barriers (D4266/D4267) covered?** [ ]  Yes [ ]  No

* If yes, covered at: \_\_\_%

**Are implant abutments (D6056/D6057) covered?** [ ]  Yes [ ]  No

* If yes, covered at: \_\_\_%

**Are implant crowns (D6065/D6066/D6067) covered?** [ ]  Yes [ ]  No

* If yes, covered at: \_\_\_%

**Is a pre-determination required prior to implant surgery?** [ ]  Yes [ ]  No

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| **ORTHODONTIC COVERAGE**  |

**Are orthodontics covered?** [ ]  Yes [ ]  No

* If yes, covered at: \_\_\_%

**Is there an age limit on orthodontic coverage?** [ ]  Yes [ ]  No

* If yes, at what age? \_\_\_

**Is there a lifetime maximum?** [ ]  Yes [ ]  No

* If yes, the lifetime maximum is: $\_\_\_\_\_\_\_\_

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| **MISCELLANEOUS** |

**Are nightguards (D9940) covered?** [ ]  Yes [ ]  No

* If yes, covered at: \_\_\_%

**Is nitrous oxide (D9230) covered?** [ ]  Yes [ ]  No

* If yes, covered at: \_\_\_%

**Replacement on crowns and bridges is**: \_\_\_ Years

**Replacement on complete and partial dentures is**: \_\_\_ Years

**Are prior extractions covered (missing tooth clause)?** [ ]  Yes [ ]  No

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| **ADDITIONAL NOTES** |

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**Signature**: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) **Date**: \_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_