

# DENTAL INSURANCE VERIFICATION FORM

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Relationship to Subscriber: \_\_\_\_\_

## SUBSCRIBER INFORMATION

Subscriber Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Subscriber ID Number: \_\_\_\_\_

## 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

## 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: \_\_\_\_\_

## BASIC COVERAGE

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

## MAJOR COVERAGE

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

## 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? \_\_\_\_\_

## 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

## 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: \$\_\_\_\_\_

## 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

**ADDITIONAL NOTES**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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