

INSURANCE VERIFICATION FORM

PATIENT INFORMATION

Patient Name: _____ Social Security Number: _____

Birthdate: _____ Relationship to Subscriber: _____

SUBSCRIBER INFORMATION

Subscriber Name: _____ Social Security Number: _____

Birthdate: _____ Subscriber ID Number: _____

INSURANCE INFORMATION

Insurance Company: _____

Address: _____ Phone Number: _____

Employer: _____ Group Number: _____

Effective Date: _____ Renewal Month: _____ Yearly Maximum \$ _____

Deductible Per Individual \$ _____ Deductible Per Family \$ _____ This deductible applies to: Preventative Basic Major

PREVENTATIVE COVERAGE

Covered at _____ % Is there a waiting period for preventative coverage? _____ Effective Date: _____

Prophylaxis/Exam Frequency: _____ Bitewing Frequency: _____

Eligible for an FMS every: _____ years Last FMS: _____ Eligible for an FMS now? _____

Fluoride Varnish (D1203/D1204/D1206) Frequency: _____

there an age limit on fluoride varnish applications? _____ If yes, at age: _____

Is there sealant (D1351) coverage? _____ Teeth covered: Molars Premolars

Is there an age limit on sealants? _____ If yes, at age: _____

Replacement on sealants is: _____

BASIC COVERAGE

Covered at _____ % Is there a waiting period for basic coverage? _____ Effective Date: _____

Includes: _____

MAJOR COVERAGE

Covered at _____ % Is there a waiting period for major coverage? _____ Effective Date: _____

Includes: _____

PERIODONTAL COVERAGE

Does the patient have any history of SRP (D4341/D4342)? _____ If yes, when? _____

Is SRP (D4341/D4342) covered? _____ Frequency: _____

Can SRP (D4341/D4342) be performed on all quadrants at the same visit?

If not, what is the waiting period? _____

Can an adult prophylaxis and isolated SRP (D4342) be done at the same visit?

If not, what is the waiting period? _____

Is periodontal maintenance (D4910) covered? _____ Frequency: _____

