

Insurance Run Down of Benefits

Subscriber's Name: _____ Subscriber's Birthday: _____ Subscriber's Employer: _____ Subscriber's SS#: _____ Subscriber's Ins. ID#: _____ Patient's Name: _____ Patient's Date of Birth: _____	Insurance Company: _____ Claims Address: _____ _____ Ins. Telephone Number: _____ Fax #: _____ Electronic Payer ID# : _____ Website: _____
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Preventative:	Basic:	Major:	Endo:	Perio:
Oral Surgery:	Single Crowns:	Night guard: Code D9940	Implants: Code D6066	Perio Debridement: Code D4355
Sealants: 1 st molars to age: _____ 2 nd molars to age: _____ Frequency: _____	Perio SRP's Frequency: _____ Can all 4 quads be done at the same visit? _____	Perio Maintenance: Code D4910 How many per year? _____ Can we rotate a prophy with a perio maintenance? Restrictions? _____	Arestin: Code D4381	Varnish: Code D1206
			Velscope: Code D0431	Perio Eval: Code D0180
N2O2: Code D9230	FI2: Code D1203 kids Code D1204 Adults	Posterior composites:	Pre-Auth: Suggested over _____ Required over _____	Coordination of Benefits:

Frequencies

FMX:	BWX:	Exams:	Prophy:	FL2:
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<p style="text-align: center;"><u>Claims History</u></p> Last FMX: _____ Last Prophy: _____ Last BWX: _____ Last Pano: _____ Remaining Benefits: _____ Has Deductible been met? _____	Date of insurance verification: _____ Verified by: _____ Insurance representative: _____
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