

BENEFIT VERIFICATION

Today's Date	Date of Appointment	Insurance Rep's Name	Your Initials
Patient Name:		Subscriber Name:	
Patient Date of Birth:		Subscriber Employer	
Subscriber Date of Birth:		Subscriber ID #:	
Name of Insurance Company:		Plan Group #:	
Insurance Company Phone Number:		Claims Mailing Address:	
Insurance Company Payer ID:		HMO Plan?	
Provider In Network With This Plan? Y N		PPO Plan?	
		EPO Plan?	
		Does payment go to Provider or Patient?	
Plan Effective	Plan currently in effect? Y N Effective Date:	Jan 1-Dec 31 plan? Y N If no, when?	Plan Terminated? Y N If so, when?
Deductible Info	Individual Deductible: \$ Family Deductible: \$	Deductible applied to Preventive services? Y N	Deductible Met? Y N How much met?
Yearly Info	Yearly Max	Benefits Used \$	Remaining Benefits \$ Pending Claims \$
Percentages	Preventive %	Basic %	Major %
	Endodontics %	Perio %	Oral Surgery %
	Ortho % Ortho Max \$ Separate Ortho Ded? Age Limit? How will insurance pay?	Occlusal Guards (D9944) hard appliance full arch Y N % (D9945) soft appliance full arch Y N % (D9946) hard appliance partial arch Y N % Bruxism only? Osseous Surgery?	Implant Y N % Implant Crown Y N % Are implant crowns downgraded? If so, to what code?
Frequencies	Panorex?	Prophy?	Exam?
	Fluoride? Y N Age limit?	Sealants? % Age limit?	SRP? (D4341) % History of SRP?
	Arrestin (D4341) % Same day as SRP? Y N	Perio Maintenance (D4910) % In addition or in place of prophy?	
Restrictions	Composites downgraded? Y N	FMD (D4355) %	Limited exam (D0140) % Same day as service? Y N
	Waiting Periods? Y N If so, for what and when?	Missing Tooth Clause? Y N	Replacement Clause? Y N Paid on Prep or Seat Date?
Is the patient currently eligible for the following:	Comp Exam (D0150) Y N	Prophy (D1110) Y N	Pano/FMX Y N
	Periodic Exam (D0120) Y N	Child Pro (D1120) Y N	Bite Wings Y N