## 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: Rene	ewal Month: Yearly Maximum \$
Deductible Per Individual \$ Deductible Per Fan	mily \$ This deductible applies to: $\square$ Preventative $\square$ Basic $\square$ Major
PREVENTATIVE COVERAGE	
	eventative coverage?
	Bitewing Frequency:
Eligible for an FMS every: years	Eligible for an FMS now?   Yes   No
Fluoride Varnish (D1203/D1204/D1206) Frequency: Is	S
there an age limit on fluoride varnish applications?	☐ Yes ☐ No If yes, at age:
Is there sealant (D1351) coverage? $\square$ Yes $\square$ No	o Teeth covered:
Is there an age limit on sealants? $\square$ Yes $\square$ No	If yes, at age:
Replacement on sealants is:	
BASIC COVERAGE	
	sic coverage?   Yes   No Effective Date:
la elizabeta	
Covered at % Is there a waiting period for ma	ajor coverage?   Yes   No Effective Date:
	gor coverage. In recommendate.
	MONO 15 V
	12)?  Yes  No If yes, when?
, ,	Frequency:
Can SRP (D4341/D4342) be performed on all quadrant	ts at the same visit?
Can an adult prophylaxis and isolated SRP (D4342) be	done at the same visit?
Is periodontal maintenance (D4910) covered?	

IMPLANT COVERAGE		
Are endosteal implants (D6012) covered? $\ \square$ Yes $\ \square$ No $\ $ If yes, covered at $\ \_\_\_\_$ %		
Are bone replacement grafts (D7953) covered? $\Box$ Yes $\Box$ No $\Box$ If yes, covered at $\underline{\hspace{1cm}}$ %		
Are guided-tissue regeneration barriers (D4266/D4267) covered? $\ \square$ Yes $\ \square$ No $\ $ If yes, covered at $\ \_\_\_\_$ %		
Are implant abutments (D6056/D6057) covered? $\square$ Yes $\square$ No $\square$ If yes, covered at $\square$ %		
Are implant crowns (D6065/D6066/D6067) covered? $\Box$ Yes $\Box$ No $\Box$ If yes, covered at $\underline{}$ %		
Is a pre-determination required prior to implant surgery? $\ \square$ Yes $\ \square$ No		
ORTHODONTIC COVERAGE		
Are orthodontics covered? $\ \square$ Yes $\ \square$ No $\ $ If yes, covered at $\ \_\_\_\_\_$ %		
Is there an age limit on orthodontic coverage? $\Box$ Yes $\Box$ No $\Box$ If yes, at age: $\_$		
Is there a lifetime maximum? $\square$ Yes $\square$ No $\square$ If yes, the lifetime maximum is: $\square$		
MISCELLANEOUS —		
Are nightguards (D9940) covered? $\ \square$ Yes $\ \square$ No $\ $ If yes, covered at $\ \_\_\_\_$ %		
Is nitrous oxide (D9230) covered? $\ \square$ Yes $\ \square$ 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)?		
Completed By: Date:		