

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? Yes No Effective Date: _____
Prophylaxis/Exam Frequency: _____ Bitewing Frequency: _____
Eligible for an FMS every: _____ years Last FMS: _____ Eligible for an FMS now? Yes No
Fluoride Varnish (D1203/D1204/D1206) Frequency: Is _____
there an age limit on fluoride varnish applications? Yes No If yes, at age: _____
Is there sealant (D1351) coverage? Yes No Teeth covered: Molars Premolars
Is there an age limit on sealants? Yes No If yes, at age: _____
Replacement on sealants is: _____

BASIC COVERAGE

Covered at _____ % Is there a waiting period for basic coverage? Yes No Effective Date: _____
Includes: _____

MAJOR COVERAGE

Covered at _____ % Is there a waiting period for major coverage? 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 Frequency: _____
Can SRP (D4341/D4342) be performed on all quadrants at the same visit? Yes No
If not, what is the waiting period? _____
Can an adult prophylaxis and isolated SRP (D4342) be done at the same visit? Yes No
If not, what is the waiting period? _____
Is periodontal maintenance (D4910) covered? Yes No Frequency: _____

