



Verified By: _____ Date: _____

Ben Year _____ to _____ EFF. Date: _____ DED Applies: _____

Deductible:

D0140: share/no share

Prophylaxis: Every 6 months / twice a year

D0170:

Fluoride:

Sealants: _____

FMX/Pano: _____

Bite Wings: _____ D0220/D0230: _____

Space Maintainer: D1510

D1515: _____ D1550: _____

D9230 (n2o):_____ D9248 (OCS):_____

D0350: _____ **D2940 (Sedative):** _____

D0350: _____ **D2940 (Sedative):** _____ **D3220:** _____

Deductible:

Note:

Endo, Perio and oral surgery: D3120: Yes or No with filling

Posterior Resins: D2391

Are posterior Composites downgraded to amalgam:

Molars only: _____ All Posterior teeth: _____

Simple Extractions: D7111: D7140:

Deductible:

D2929:

SSC: D2930

D2932:

D2934: Prefab Coated SSC Prim Teeth

Crowns are paid @ Prep/Seat Date:

[illegible]



Insurance Verification
