

| Patient Name: | | ••••• | | | | | |
|---|--------------------------|-----------------|---------------------------------------|---------|--|--|--|
| Patient D.O.B: | | | | | | | |
| Insured's Name: | | | | | | | |
| Insured's D.O.B: | | | | | | | |
| | | Alt. Number: () | | | | | |
| Insured's Employer: | | _ | | | | | |
| Insurance Company: | | | | | | | |
| Insured Policy ID # or SS#: | | _ PPO | Out of Network | | | | |
| Group Number: | | | | | | | |
| Insurance Phone #: | | | | | | | |
| | | | | | | | |
| | | | Max Family DED: \$ | | | | |
| Ben Year to | EFF. Date: | | DED Applies: | | | | |
| | | - | | | | | |
| PREVENTATIVE SERVICES:% Deductible: | | | Dr. Su: IN Network or OUT of network | | | | |
| EVARAC. | D0140. share /s a share | | Dr. Suk: IN Network or OUT of network | | | | |
| EXAMS: | | | | | | | |
| Prophy: Every 6 months / twice a ye | | | | | | | |
| D0170: | | | | | | | |
| Fluoride: | | | Major: | | | | |
| Sealants: | | | Missing Tooth Clause: | | | | |
| FMX/Pano: Bite Wings: | | | | | | | |
| | | | Crowns are paid & Frep/seat ba | | | | |
| Space Maintainer: D1510 D1515: | D1550: | | | | | | |
| D9230 (n2o): | | | | | | | |
| D0350: | D2940 (Sedative): | | D3220: | | | | |
| | | | | | | | |
| BASIC SERVICES:% | Deductible: | Not | <u>e:</u> | | | | |
| | | | | | | | |
| Endo, Perio and oral surgery | | | | | | | |
| Posterior Resins: D2391 | | | | | | | |
| Are posterior Composites downgraded to amalgam: | | | | | | | |
| Molars only: All F | | | | | | | |
| Simple Extractions: D7111:_ | D7140: | | | | | | |
| | | | | | | | |
| MAJOR SERVICES:% | | | | | | | |
| D2929: | | | | | | | |
| SSC: D2930 | | | | | | | |
| D2932: | | | | | | | |
| D2934: Prefab Coated SSC Prin | n Teeth | | | | | | |
| | Ded Met Llcad | Lock EV / DV | Last Last | Coalant | | | |

| Date: | Patient Name | Ded. Met (Yes/ No) | Used Amount | Last EX/ PX Fluoride | Last Bitewing | Last FMX/ PANO | Sealant |
|-------|--------------|-----------------------|----------------|-------------------------|------------------|-------------------|---------|
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Insurance Verification