

# Pediatrics Verification of Benefits Form

<b>Practice:</b> Eagle River Smiles	<b>Tax ID:</b> 020000000	<b>Verified By:</b> Manish Thakkur
<b>Verification Date:</b> 10/06/2025 19:56:23 +00:00	<b>Patient Account Number:</b> 5737	<b>Patient Eligibility Status:</b> Eligible

## Primary Dental Insurance

<b>Patient Name:</b> Deborah Nichols	<b>Patient Date of Birth:</b> 11/30/1972	<b>Patient Payor Status:</b> Eligible
<b>Insured Social Security Number:</b> 519237134	<b>Relationship to Subscriber:</b> Self	<b>Patient Insured ID:</b> 1223676822
<b>Subscriber Name:</b> Deborah Nichols	<b>Subscriber Date of Birth:</b> 11/30/1972	<b>Subscriber ID:</b> 1223676822
<b>Insurance Payer ID:</b> 77777	<b>Payor Name:</b> Delta Dental of California	<b>Payor Mail Address:</b> Delta Dental of California PO Box 997330 Sacramento CA 95899-7330
<b>Payor Phone Number:</b>	<b>Payor Group Name:</b> Jazz Pharmaceuticals, Inc.	<b>Payor Group Number:</b> 21973
<b>Payor Effective Date:</b> 10/06/2025	<b>Calendar or Fiscal Policy:</b> 2025-01-01 - 2025-12-31	<b>Payor Waiting Period:</b> No
<b>In Or Out Network:</b>	<b>Payor Fee Schedule Used:</b>	<b>Does Policy have OON Benefits?:</b> Yes
<b>Family Annual Deductible:</b> 75.00	<b>Family Annual Deductible Met:</b> 0.00	<b>Individual Annual Deductible:</b> 25.00
<b>Individual Annual Deductible Met:</b> 0.00	<b>Individual Annual Maximum Benefits:</b> 2,500.00	<b>Individual Annual Benefits Used to Date:</b> 115.00
<b>Individual Annual Remaining Benefit Available:</b> 2,385.00	<b>Coordination Of Benefits:</b> Standard: Coordination of Benefits (COB) is calculated by the lesser of the two: either the other insurance coverage (OIC) remaining allowed amount or the secondary plan's liability.	<b>Coordination Of Benefits Type:</b> Yes
<b>Alternative Benefit (Amalgam Downgrade):</b>		

## Primary Dental Insurance Benefit Breakdown

Procedure	Category	Code	% Covered	Deductible Applicable	Frequency/Limitation	History
palliative (emergency) treatment of dental pain - minor procedure	Adjunctive General Services	D9110	90%	Yes	Limitations: Benefit is limited to once per date of service, Age limitation: No,	
periodic oral evaluation - established patient	Diagnostic	D0120	100%	No	Limitations: Benefit is limited to two of any oral evaluation procedure within a calendar year, Age limitation: No,	05/05/2022, 12/08/2022, 06/29/2023, 01/18/2024, 08/08/2024, 02/20/2025, 02/20/2025
bitewings - two radiographic images	Diagnostic	D0272	100%	No	Limitations: Benefit is limited to one of any bitewing x-ray procedure within a calendar year. Bitewing radiographic images that follow an intraoral complete series (D0210) in less than 6 months by the same provider are not chargeable to member except when special circumstances are present, such as active periodontal disease or rampant caries., Age limitation: 18 years and older,	
panoramic radiographic image	Diagnostic	D0330	100%	No	Limitations: Benefit is limited to either one (D0210) intraoral complete series, or (D0330) panoramic radiographic image within a 5 year period., Age limitation: No,	01/18/2024
amalgam - one surface, primary or permanent	Restorative	D2140	90%	Yes	Limitations: Benefit is limited to once per surface, per tooth within a 24 month period, Age limitation: No, Tooth Group: U1,U2, Tooth Number: 01,02,03,04,05,06,07,08,09,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,A,AS,B,BS,C,CS,D,DS,E,ES,F,FS,G,GS,H,HS,I,IS,J,JS,K,KS,L,LS,M,MS,N,NS,O,OS,P,PS,Q,QS,R,RS,S,SS,T,TS	

Procedure	Category	Code	% Covered	Deductible Applicable	Frequency/Limitation	History
amalgam - three surfaces, primary or permanent	Restorative	D2160	90%	Yes	Limitations: Benefit is limited to once per surface, per tooth within a 24 month period, Age limitation: No, Tooth Group: U1,U2, Tooth Number: 01,02,03,04,05,06,07,08,09,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,A,AS,B,BS,C,CS,D,DS,E,ES,F,FS,G,GS,H,HS,I,IS,J,JS,K,KS,L,LS,M,MS,N,NS,O,OS,P,PS,Q,QS,R,RS,S,SS,T,TS	
intraoral - complete series of radiographic images	Diagnostic	D0210	100%	No	Limitations: Benefit is limited to either one (D0210) intraoral complete series, or (D0330) panoramic radiographic image within a 5 year period., Age limitation: No,	
intraoral - occlusal radiographic image	Diagnostic	D0240	100%	No	Limitations: Benefit is limited to once per arch per date of service, Age limitation: No,	
topical application of fluoride varnish	Preventive	D1206	100%	No	Limitations: Benefit is limited to two fluoride procedures within a calendar year, Age limitation: Child up to and not including age 19,	
amalgam - two surfaces, primary or permanent	Restorative	D2150	90%	Yes	Limitations: Benefit is limited to once per surface, per tooth within a 24 month period, Age limitation: No, Tooth Group: U1,U2, Tooth Number: 01,02,03,04,05,06,07,08,09,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,A,AS,B,BS,C,CS,D,DS,E,ES,F,FS,G,GS,H,HS,I,IS,J,JS,K,KS,L,LS,M,MS,N,NS,O,OS,P,PS,Q,QS,R,RS,S,SS,T,TS	
comprehensive oral evaluation - new or established patient	Diagnostic	D0150	100%	No	Limitations: Benefit is limited to two of any oral evaluation procedure within a calendar year, Age limitation: No,	
therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	Endodontics	D3220	90%	Yes	Limitations: Benefit is limited to once per tooth per lifetime, Age limitation: No, Tooth Group: U1,U2, Tooth Number: 01,02,03,04,05,06,07,08,09,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,A,AS,B,BS,C,CS,D,DS,E,ES,F,FS,G,GS,H,HS,I,IS,J,JS,K,KS,L,LS,M,MS,N,NS,O,OS,P,PS,Q,QS,R,RS,S,SS,T,TS	

Procedure	Category	Code	% Covered	Deductible Applicable	Frequency/Limitation	History
resin-based composite - one surface, posterior	Restorative	D2391			When this procedure does not display in Benefit Details, it is not a benefit of the member's plan. When amalgam restorations are a benefit, the applicable amalgam benefit will be applied.	
resin-based composite - three surfaces, posterior	Restorative	D2393			When this procedure does not display in Benefit Details, it is not a benefit of the member's plan. When amalgam restorations are a benefit, the applicable amalgam benefit will be applied.	
prefabricated esthetic coated stainless steel crown - primary tooth	Restorative	D2934	90%	Yes	Limitations: Benefit is limited to one crown procedure per tooth within a 24 month period, Age limitation: Child up to and not including age 16, Tooth Group: A4,A5, Tooth Number: C,CS,D,DS,E,ES,F,FS,G,GS,H,HS,M,MS,N,NS,O,OS,P,PS,Q,R,RS	
prophylaxis - child	Preventive	D1120	100%	No	Limitations: Benefit is limited to two of any prophylaxis procedures within a calendar year for codes D1110, D1120, D4346, D4355, and D4910. Prophylaxis procedures are a benefit following active periodontal therapy once a 30 day post-operative period has completed. D4355 is not billable to the patient when performed on the same date of service, by the same provider as D0180., Age limitation: No,	
topical application of fluoride – excluding varnish	Preventive	D1208	100%	No	Limitations: Benefit is limited to two fluoride procedures within a calendar year, Age limitation: Child up to and not including age 19,	
extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Oral Surgery	D7140	90%	Yes	Limitations: Benefit is limited to once per tooth per lifetime, Age limitation: No, Tooth Group: TA, Tooth Number: 01,02,03,04,05,06,07,08,09,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,A,AS,B,BS,C,CS,D,DS,E,ES,F,FS,G,GS,H,HS,I,IS,J,JS,K,KS,L,LS,M,MS,N,NS,O,OS,P,PS,Q,QS,R,RS,S,SS,T,TS	

Procedure	Category	Code	% Covered	Deductible Applicable	Frequency/Limitation	History
interim caries arresting medicament application – per tooth	Preventive	D1354	100%	No	Limitations: Benefit is limited to twice per tooth within a calendar year, Age limitation: No,	
prefabricated stainless steel crown - primary tooth	Restorative	D2930	90%	Yes	Limitations: Benefit is limited to one crown procedure per tooth within a 24 month period, Age limitation: Child up to and not including age 16, Tooth Group: AJ,KZ, Tooth Number: A,AS,B,BS,C,CS,D,DS,E,ES,F,FS,G,GS,H,HS,I,IS,J,JS,K,KS,L,LL,LO,LR,LS,LW,M,MS,N,NS,O,OS,P,PS,Q,QS,R,RS,S,SS,T,TS	
prefabricated stainless steel crown with resin window	Restorative	D2933	90%	Yes	Limitations: Benefit is limited to one crown procedure per tooth within a 24 month period, Age limitation: Child up to and not including age 16, Tooth Group: A4,A5, Tooth Number: C,CS,D,DS,E,ES,F,FS,G,GS,H,HS,M,MS,N,NS,O,OS,P,PS,Q,R,RS	
re-evaluation - limited, problem focused (established patient; not post-operative visit)	Diagnostic	D0170	100%	No	Limitations: Benefit is limited to two of any oral evaluation procedure within a calendar year, Age limitation: No,	
resin-based composite - two surfaces, posterior	Restorative	D2392			When this procedure does not display in Benefit Details, it is not a benefit of the member's plan. When amalgam restorations are a benefit, the applicable amalgam benefit will be applied.	
amalgam - four or more surfaces, primary or permanent	Restorative	D2161	90%	Yes	Limitations: Benefit is limited to once per surface, per tooth within a 24 month period, Age limitation: No, Tooth Group: U1,U2, Tooth Number: 01,02,03,04,05,06,07,08,09,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,A,AS,B,BS,C,CS,D,DS,E,ES,F,FS,G,GS,H,HS,I,IS,J,JS,K,KS,L,LS,M,MS,N,NS,O,OS,P,PS,Q,QS,R,RS,S,SS,T,TS	
inhalation of nitrous oxide/analgesia, anxiolysis	Adjunctive General Services	D9230			This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.	

Procedure	Category	Code	% Covered	Deductible Applicable	Frequency/Limitation	History
limited oral evaluation - problem focused	Diagnostic	D0140	100%	No	Limitations: Benefit is limited to two of any oral evaluation procedure within a calendar year, Age limitation: No,	
intraoral - periapical first radiographic image	Diagnostic	D0220	100%	No	Limitations: Benefit is based on professional determination, Age limitation: No,	05/05/2022, 06/29/2023, 08/08/2024
intraoral - periapical each additional radiographic image	Diagnostic	D0230	100%	No	Limitations: Benefit is limited by other services performed on same date, Age limitation: No,	05/05/2022, 06/29/2023, 08/08/2024
prophylaxis - adult	Preventive	D1110	100%	No	Limitations: Benefit is limited to two of any prophylaxis procedures within a calendar year for codes D1110, D1120, D4346, D4355, and D4910. Prophylaxis procedures are a benefit following active periodontal therapy once a 30 day post-operative period has completed. D4355 is not billable to the patient when performed on the same date of service, by the same provider as D0180., Age limitation: No,	05/05/2022, 12/08/2022, 01/18/2024, 08/08/2024, 02/20/2025, 02/20/2025
space maintainer - fixed - bilateral, maxillary	Preventive	D1516	100%	No	Limitations: Benefit is limited to once per lifetime, Age limitation: Child up to and not including age 14,	
space maintainer - fixed - bilateral, mandibular	Preventive	D1517	100%	No	Limitations: Benefit is limited to once per lifetime, Age limitation: Child up to and not including age 14,	
resin-based composite - four or more surfaces, posterior	Restorative	D2394			When this procedure does not display in Benefit Details, it is not a benefit of the member's plan. When amalgam restorations are a benefit, the applicable amalgam benefit will be applied.	

Procedure	Category	Code	% Covered	Deductible Applicable	Frequency/Limitation	History
bitewings - four radiographic images	Diagnostic	D0274	100%	No	Limitations: Benefit is limited to one of any bitewing x-ray procedure within a calendar year. Bitewing radiographic images that follow an intraoral complete series (D0210) in less than 6 months by the same provider are not chargeable to member except when special circumstances are present, such as active periodontal disease or rampant caries., Age limitation: 18 years and older,	05/05/2022, 06/29/2023, 08/08/2024
sealant - per tooth	Preventive	D1351	90%	Yes	Limitations: Benefit is limited to once per tooth within a 24 month period for teeth without caries, Age limitation: Child up to and not including age 16, Tooth Group: 03, Tooth Number: 02,03,14,15,18,19,30,31	

<b>Call Reference No:</b>	<b>Payor Representative Name:</b>	<b>Notes:</b> Eligible for Delta Dental of California 10/06/2025 19:56:23 Eligible for Delta Dental of California 10/06/2025 19:56:13
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