# Pediatrics Verification of Benefits Form

 mcna dental

| Practice: The Smiley Tooth - Sulphur Springs | Tax ID: 821594771 | Verified By: Manish Thakkur |
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| Verification Date: 09/18/2025 19:02:46 +00:00 | Patient Account Number: 41570 | Patient Eligibility Status: Eligible |

## Primary Insurance

| Patient Name: Colton Ramsey | Patient Date of Birth: 06/09/2014 | Patient Payor Status: Eligible |
|---|---|---|
| Insured Social Security Number: | Relationship to Subscriber: Self | Patient Insured ID: 717274707 |
| Subscriber Name: Colton Ramsey | Subscriber Date of Birth: 06/09/2014 | Subscriber ID: 717274707 |
| Insurance Payer ID: | Payor Name: MCNA Dental Plans | Payor Mail Address: |
| Payor Phone Number: | Payor Group Name: | Payor Group Number: |
| Payor Effective Date: 05/01/2025 | Calendar or Fiscal Policy: Calendar | Payor Waiting Period: |
| In Or Out Network: | Payor Fee Schedule Used: | Does Policy have OON Benefits?: |
| Family Annual Deductible: | Family Annual Deductible Met: | Individual Annual Deductible: |
| Individual Annual Deductible Met: | Individual Annual Maximum Benefits: 564.00 | Individual Annual Benefits Used to Date: 139.26 |
| Individual Annual Remaining Benefit Available: 424.74 | Coordination Of Benefits: NA | Coordination Of Benefits Type: |
| Alternative Benefit (Amalgam Downgrade): | Provider Name: Velina Lopez | NPI: 1932770682 |
| TermEndDate: | | |

# Primary Insurance Benefit Breakdown

| Procedure | Category | Code | % Covered | Deductible Applicable | Frequency/Limitation | History |
|---|---|---|---|---|---|---|
| resin-based composite - one surface, posterior | Restorative | D2391 | | | | |
| inhalation of nitrous oxide/analgesia, anxiolysis | Adjunctive General Services | D9230 | | | | |
| resin-based composite - three surfaces, posterior | Restorative | D2393 | | | | |
| therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament | Endodontics | D3220 | | | | |
| periodic oral evaluation - established patient | Diagnostic | D0120 | | | | |
| intraoral - complete series of radiographic images | Diagnostic | D0210 | | | | |
| comprehensive oral evaluation - new or established patient | Diagnostic | D0150 | | | | |
| prefabricated stainless steel crown - primary tooth | Restorative | D2930 | | | | |
| amalgam - two surfaces, primary or permanent | Restorative | D2150 | | | | |

| Procedure | Category | Code | % Covered | Deductible Applicable | Frequency/Limitation | History |
|---|---|---|---|---|---|---|
| amalgam - three surfaces, primary or permanent | Restorative | D2160 | | | | |
| sealant - per tooth | Preventive | D1351 | | | | |
| topical application of fluoride – excluding varnish | Preventive | D1208 | | | | |
| bitewings - four radiographic images | Diagnostic | D0274 | | | | |
| intraoral - periapical each additional radiographic image | Diagnostic | D0230 | | | | |
| prefabricated stainless steel crown with resin window | Restorative | D2933 | | | | |
| intraoral - occlusal radiographic image | Diagnostic | D0240 | | | | |
| re-evaluation - limited, problem focused (established patient; not post-operative visit) | Diagnostic | D0170 | | | | |
| panoramic radiographic image | Diagnostic | D0330 | | | | |
| topical application of fluoride varnish | Preventive | D1206 | | | | |
| interim caries arresting medicament application – per tooth | Preventive | D1354 | | | | |
| amalgam - four or more surfaces, primary or permanent | Restorative | D2161 | | | | |

| Procedure | Category | Code | % Covered | Deductible Applicable | Frequency/Limitation | History |
|---|---|---|---|---|---|---|
| bitewings - two radiographic images | Diagnostic | D0272 | | | | |
| space maintainer - fixed - bilateral, mandibular | Preventive | D1517 | | | | |
| prefabricated esthetic coated stainless steel crown - primary tooth | Restorative | D2934 | | | | |
| amalgam - one surface, primary or permanent | Restorative | D2140 | | | | |
| prophylaxis - child | Preventive | D1120 | | | | |
| resin-based composite - four or more surfaces, posterior | Restorative | D2394 | | | | |
| prophylaxis - adult | Preventive | D1110 | | | | |
| intraoral - periapical first radiographic image | Diagnostic | D0220 | | | | |
| space maintainer - fixed - bilateral, maxillary | Preventive | D1516 | | | | |
| palliative (emergency) treatment of dental pain - minor procedure | Adjunctive General Services | D9110 | | | | |
| resin-based composite - two surfaces, posterior | Restorative | D2392 | | | | |
| limited oral evaluation - problem focused | Diagnostic | D0140 | | | | |

| Procedure | Category | Code | % Covered | Deductible Applicable | Frequency/Limitation | History |
|---|---|---|---|---|---|---|
| extraction, erupted tooth or exposed root (elevation and/or forceps removal) | Oral Surgery | D7140 | | | | |

| Call Reference No: | Payor Representative Name: | Notes: Eligible forMCNA Dental Plans 09/18/2025 19:02:46 Not found Benefit Breakdown information on MCNA Portal , Need to call payor |
|---|---|---|
| SystemNotes: | | |