

## 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: \_\_\_\_\_

## IMPLANT COVERAGE

Are endosteal implants (D6012) covered? ☐ Yes ☐ No If yes, covered at \_\_\_\_\_ %

Are bone replacement grafts (D7953) covered? ☐ Yes ☐ No If yes, covered at \_\_\_\_\_ %

Are guided-tissue regeneration barriers (D4266/D4267) covered? ☐ Yes ☐ No If yes, covered at \_\_\_\_\_ %

Are implant abutments (D6056/D6057) covered? ☐ Yes ☐ No If yes, covered at \_\_\_\_\_ %

Are implant crowns (D6065/D6066/D6067) covered? ☐ Yes ☐ No If yes, covered at \_\_\_\_\_ %

Is a pre-determination required prior to implant surgery? ☐ Yes ☐ No

## ORTHODONTIC COVERAGE

Are orthodontics covered? ☐ Yes ☐ No If yes, covered at \_\_\_\_\_ %

Is there an age limit on orthodontic coverage? ☐ Yes ☐ No If yes, at age: \_\_\_\_\_

Is there a lifetime maximum? ☐ Yes ☐ No If yes, the lifetime maximum is: \_\_\_\_\_

## MISCELLANEOUS

Are nightguards (D9940) covered? ☐ Yes ☐ No If yes, covered at \_\_\_\_\_ %

Is nitrous oxide (D9230) covered? ☐ Yes ☐ No If yes, covered at \_\_\_\_\_ %

Replacement on crowns and bridges is: \_\_\_\_\_ years

Replacement on complete and partial dentures is: \_\_\_\_\_ years

Are prior extractions covered (missing tooth clause)? ☐ Yes ☐ No

### ADDITIONAL NOTES

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_