Date: _____ Staff: _____ Rep Name: _____ Ref #: _____

INSURANCE INFORMATION

Insurance Name: _____ Insurance Ph #: _____ Payor ID: _____

Claims Address: P.O. Box _____

POLICY HOLDER INFORMATION

Patient Name: (Self) _____ Patient DOB: _____

Subscriber Name: _____ DOB: _____ ZIP: _____ SSN: _____

Group Name: _____ Group # _____

BENEFIT DETAILS

Effective Date: _____ Dep. Age: _____ Student Age: _____

Benefit Period: ☐ Calendar ☐ Fiscal ☐ Contract ☐ Policy Year: _____

Annual Max. $: _____ Used $: ☐ NONE: _____

Remaining $: _____ Annual Rollover $: N/A _____

Individual Ded $: ☐ None _____ Met $: ☐ NO _____ Applied On: ☐ Prev ☐ Basic ☐ Major ☐ All

Family Ded $: ☐ None _____ Met $: ☐ NO _____

WP: ☐ Yes ☐ No _____

MTC: ☐ Yes ☐ No _____

PREV: _____ %

BASIC: _____ % ☐ Endo ☐ Perio ☐ OS Implant Coverage? ☐ Yes ☐ No

MAJOR: _____ % ☐ Endo ☐ Perio ☐ OS Tx Dr. _____

Fee Sched: ☐ PPO ☐ DNOA ☐ UHC ☐ UCC ☐ Premier ☐ UCR(Office) ☐ Unicare(Grid+) ☐ Connection ☐ Metlife
☐ Dentemax ☐ Ameritas ☐ Cigna ☐ Guardian ☐ Humana ☐ DHA

PATIENT HX

EXAM: _____

☐ FMX ☐ PANO: _____

☐ SRP ☐ PERIO ☐ PROPHY : _____

☐ SEALANTS ☐ FILLINGS : _____

_____

_____

CROWNS | BRIDGES: _____

_____

_____

ORTHO

Adult Age: ☐ N/C ☐ NAL _____ Dep. Age: _____ ☐ Under ☐ Thru Age: _____ ☐ N/C ☐ NAL _____ %

LT Max $: _____ Used $: ☐ NONE _____ Remaining $: _____ Ded $: ☐ NONE _____

Met $: ☐ NO _____ Payments: (☐ Auto ☐ Manual) ☐ Monthly ☐ Quarterly ☐ Annually ☐ Lumpsum

Initial Payment: (☐ Max ☐ Fee) ☐ 0% ☐ 20% ☐ 25% ☐ 30% ☐ 33% ☐ 50% ☐ 100%

Additional Info: _____

Tx Hx? ☐ Yes ☐ No _____

(pt has braces & has new ins / moved here) Cover Work in Progress? Cover Work in Progress? ☐ Yes ☐ No

DIAGNOSTIC | PREVENTIVE

Periodic (0120) & Complete Exam (0150) _____ % Frq. _____ ☐ Add ☐ Share

Limited Exam (0140) _____ % Frq. _____ Same Day Tx? ☐ Yes ☐ No ☐ Add ☐ Share

FMX (0210) & Pano (0330) _____ % Frq. _____ Share? ☐ Yes ☐ No

PA's (0220 & 0230) _____ % Frq. _____

Bitewings (0270) _____ % Frq. _____

Prophy (1110 & 1120) _____ % Frq. _____

Fluoride (1208) _____ % Frq. _____ ☐ Under ☐ Thru Age: NAL ☐ _____

Sealants (1351) _____ % Frq. _____ ☐ Under ☐ Thru Age: NAL ☐ _____

Cov. Teeth: ☐ Posterior ☐ Molars ☐ Permanent ☐ Primary ☐ UnRestored
☐ Occlusal ☐ BiCuspid ☐ No Guidelines ☐ Exclude Wisdom ☐ Include Wisdom

Space Maint.(1510) _____ % Frq. _____ ☐ Under ☐ Thru Age: NAL _____

RESTORATIVE

Posterior Composites (2391 - 2394) _____ % Frq. _____

Downgrades? ☐ Yes ☐ No If yes on: ☐ Molars ☐ Pre-Molars ☐ Posterior Teeth ☐ All

CROWNS

Posterior Crowns (2740) _____ % Frq. _____

Downgrades? ☐ Yes ☐ No If yes on: ☐ Molars ☐ Pre-Molars ☐ Posterior Teeth ☐ All

Paid On: ☐ Prep ☐ Seat ↓to: ☐ 2750 ☐ 2752 ☐ 2790 ☐ 2791 ☐ 2792 ☐ PreD

RecementCrown(2920) _____ % Frq. _____ Initial Placement: _____

SSC Primary (2930) _____ % Frq. _____ ☐ Under ☐ Thru Age: NAL _____

SSC Perm. (2931) _____ % Frq. _____ ☐ Under ☐ Thru Age: NAL _____

Sedative Filling (2940) _____ % Frq. _____

Build Up (2950) _____ % Frq. _____ Same day as crown/bridge ☐ Yes ☐ No

ENDODONTICS

Anterior (3310) _____ % BiCuspid (3320) _____ % Molar (3330) _____ % Frq. _____

PERIODONTICS

SRP (4341 & 4342) _____ % Frq. _____ ☐ 2QDS ☐ 4QDS ☐ No Guidelines ☐ PreD

Time between QDS: ☐ 1 Day ☐ 2 Days ☐ 7 Days ☐ 2 Weeks ☐ Dr.Determines

Pocket Depth mm: ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ BoneLoss ☐ No Guidelines ☐ PreD

Perio Maint. (4910) _____ % Frq _____ ☐ Add ☐ Share

Healing Period between SRP & Perio Maint.? ☐ 1 Day ☐ 30 Days ☐ +1 Day ☐ Pt Healing

Dr.Determines ☐ 4-6 Weeks ☐ 45 Days ☐ 60 Days ☐ 90 Days ☐ 91 Days ☐ 94 Days

SRP (4346) _____ % Frq. _____ Shares with Prophy ☐ Y ☐ N

PROSTHODONTICS

Dentures (5110 & 5120) _____ % Frq. _____ ☐ MTC

Immediate Dentures (5130 & 5140) _____ % Frq. _____

Metal Partial (5213 & 5214) _____ % Frq. _____

Valplast Partial (5225 & 5226) _____ % Frq. _____

Porcelain Pontic (6245) _____ % Frq. _____

Retainer Crown (6740) _____ % Frq. _____

EXTRACTIONS | ORAL SURGERY

Simple Exts (7140) _____ % ☐ MED ☐ DEN Surgical Exts (7210) _____ % ☐ MED ☐ DEN

Soft Tissue(7220) _____ % ☐ MED ☐ DEN Partial Bony (7230) _____ % ☐ MED ☐ DEN

Complete Bony(7240) _____ % ☐ MED ☐ DEN Tooth Roots (7250) _____ % ☐ MED ☐ DEN

NIGHT GUARD

Occlusal Guard Hard Appliance Full Arch (9944) _____ % Frq. _____

Guidelines: None ☐ PreD ☐ By Report ☐ Bruxism ☐ Osseous Surgery ☐ Ortho ☐ Perio

IMPLANTS

Overdenture Maxillary (5863) _____ % Frq. _____

Downgrades: ☐ Yes ☐ No If yes on: ☐ Molars ☐ Pre-Molars ☐ Posterior Teeth ☐ All ↓to: PreD

Overdenture Mandibular (5865) _____ % Frq. _____

Downgrades: ☐ Yes ☐ No If yes on: ☐ Molars ☐ Pre-Molars ☐ Posterior Teeth ☐ All ↓to: PreD

Implant (6010) _____ % Frq. _____

Mini Implant (6013) _____ % Frq. _____

Temp Abutment (6051) _____ % Frq. _____

Custom Abutment (6057) _____ % Frq. _____

Implant Crown Porcelain (6065) _____ % Frq. _____

Downgrades: ☐ Yes ☐ No If yes on: ☐ Molars ☐ Pre-Molars ☐ Posterior Teeth ☐ All ↓to: PreD

Implant Crown Metal (6066) _____ % Frq. _____

Downgrades: ☐ Yes ☐ No If yes on: ☐ Molars ☐ Pre-Molars ☐ Posterior Teeth ☐ All ↓to: PreD