

TODAY DATE \_\_\_\_\_ YOUR NAME \_\_\_\_\_

PAYER ID# \_\_\_\_\_

INSURANCE \_\_\_\_\_

INSURANCE PHONE # \_\_\_\_\_

SUBSCRIBER \_\_\_\_\_

PATIENT \_\_\_\_\_

SS # \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

GROUP NAME AND \_\_\_\_\_

EFFECTIVE DATE \_\_\_\_\_

YEARLY MAXIMUM \_\_\_\_\_

HOW MUCH IS SPENT THIS YEAR \_\_\_\_\_ TODAY DATE \_\_\_\_\_

CALENDAR YEAR \_\_\_\_\_ FISCAL YEAR \_\_\_\_\_

DEDUCTIBLE \_\_\_\_\_

PREVENTIVE \_\_\_\_\_

BASIC \_\_\_\_\_

MAJOR \_\_\_\_\_

WAITING PERIOD \_\_\_\_\_

ACCEPT SIGNATURE ON FILE \_\_\_\_\_

CAN WE USE ADA FORM? \_\_\_\_\_

CAN WE DO PERIO SCALING (D4341) \_\_\_\_\_

HOW MANY QUADRANTS \_\_\_\_\_ HOW OFTEN? \_\_\_\_\_

DOES INSURANCE COVER ARESTIN (D4381) \_\_\_\_\_

ARE SEALANTS COVERED \_\_\_\_\_

UNTIL WHAT AGE? \_\_\_\_\_

FOR WHICH TEETH? \_\_\_\_\_

IS THE PATIENT ELIGIBLE FOR FMS? \_\_\_\_\_

SPOKEN TO \_\_\_\_\_

INSURANCE MAILING ADDRESS (FOR DENTAL)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_