INSURANCE VERIFICATION WORKSHEET

PRIMARY / SECONDARY / THIRD

DATE _____ **REP** _____

PATIENT NAME _____ **DOB** _____

SUBSCRIBER _____ **SSN# OR ID#:** _____ **SUB. DOB** _____

INSURANCE CARRIER _____ **PHONE# ( )** _____

CLAIMS ADDRESS _____ ☐ PRE-AUTH ONLINE!!

EMPLOYER _____ **GROUP#** _____ **FEE SCH** _____

CHILDREN COVERED UPTO AGE _____ **STUDENTS** _____ **WAITING PERIOD** _____

PLAN TYPE: PREMIER / DPO / PPO / PPO II

EFF. DATE _____ **STRICT PPO or NON-STRICT**

MAXIMUM $ _____ **CAL / CONT DED $** _____ **MET: YES / NO WAIVED YES / NO**

REM MAX $ _____ **DIAG/PREV COME OUT OF MAX: YES / NO**

PRIOR EXT COVERED? _____

P PRE-AUTH RECOM or REQ AMOUNT $ _____ **STANDARD / NON-D**

DIAG/PREV _____ **% | FMX:** _____ **% (ER EXM:** _____ **% FREQ:** _____ **)**

(PA'S: _____ **% FREQ** _____ **)** ACCIDENT ONLY: YES / NO, X-RAYS ONLY - NO TX

FLUORIDE _____ **% AGE LIMIT:** _____ **FREQUENCY** _____

SEALANTS D1351: _____ **% FREQ:** _____ **PER TOOTH AGE LIMIT:** _____

FREQ EVERY 6 MONTHS , 12 MONTHS , ANYTIME

PROPHY _____ **EXAM** _____ **BWX** _____

FMX _____ **PANO** _____ **SHARED / SEP.**

BASIC _____ **% | D2393:** _____ **% FREQ:** _____

(PER TOOTH AND SURFAC) POST COMP COVERED or REDUCED

(AMALGAM) ALL POSTERIOR OR MOLARS ONLY

PERIO _____ **% | D4341** _____ **% FREQ:** _____

HOW MANY QUADS PER DOS? _____ **| ARESTIN 4381:** _____ **% FREQ** _____

WAITING PERIOD AFTER PROPHY/PERIO _____

D4910 _____ **% FREQ** _____ **SHARED W/PRO? YES / NO**

MAJOR _____ **% | D2740** _____ **% FREQ:** _____

CRN COVERED or REDUCED ALL TEETH OR MOLARS ONLY

IF SO WHAT CODE TO ALTERNATE? _____ **PAY ON PREP or SEAT DATE**

OS _____ **% | IMPLTS 6010** _____ **% PRE-D** _____

ORTHO MAX: $ _____ **REM: $** _____ **DED: $** _____

AGE LIMIT: ADULTS _____ **CHILDREN** _____

INS WILL PAY: AUTO / MONTHLY / QUARTERLY D8090 _____ **% HX** _____

ENDO _____ **%**

HISTORY: PROPHY _____ **PERIO** _____ **EXAM** _____

FLUORIDE _____ **BWX** _____ **FMX** _____ **PANO** _____

PENDING CLAIMS: _____

TOOTH HISTORY: _____

NOTES: _____
