

# Dental Insurance Verification Form

Patient Information				
First Name <b>Carl</b>	Last Name <b>Evans</b>	Date of Birth <b>03/17/1985</b>	Gender <b>Male</b>	
Address <b>222 29th Avenue</b>		City <b>Denver</b>	State <b>CO</b>	Zip Code <b>20004</b>
Home Phone Number <b>111-222-333</b>	Work Phone Number <b>000-111</b>	Social Security Number <b>937573057</b>		
Diagnosis <b>N/A</b>				
Applicable ICD-9-CM Diagnosis Code(s) <b>N/A</b>		Anticipated CPT Code(s) for Procedure(s)		
Patient Insurance Information				
Primary Insurance Company <b>Universal Health</b>		Policy Number <b>6783</b>	Group Number <b>2B</b>	
Primary Insurance Phone No. <b>000-999</b>	Subscriber's First Name <b>Roger</b>	Subscriber's Last Name <b>Peters</b>	Date of Birth <b>09/12/1970</b>	
Subscriber's Relationship to Patient <b>Employer</b>				
Address <b>2 26th Avenue</b>		City <b>Denver</b>	State <b>CO</b>	Zip Code <b>20043</b>
Secondary Insurance Company <b>Elevate Health</b>		Policy Number <b>8532</b>	Group Number <b>A</b>	
Secondary Insurance Phone No. <b>987-6554</b>	Subscriber's First Name <b>Portia</b>	Subscriber's Last Name <b>Woods</b>	Date of Birth <b>04/03/1972</b>	
Subscriber's Relationship to Patient <b>Spouse's Employer</b>				
Address <b>55 Example Street</b>		City <b>Denver</b>	State <b>CO</b>	Zip Code <b>21004</b>
Preventative Coverage				
Covered % <b>100</b>	Is there a waiting period for preventative coverage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Effective Date:			
Prophylaxis/Exam Frequency <b>1/year</b>	Bleewing Frequency <b>1/year</b>	Eligible for an FMS every <b>1</b> years		
Last FMS <b>10/07/2021</b>	Eligible for an FMS now? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Fluoride Varnish Frequency <b>Twice per year</b>				
Is there an age limit on fluoride varnish applications?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, at age:		
Is there sealant coverage?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Teeth Covered <input type="checkbox"/> Molars <input type="checkbox"/> Premolars		
Is there an age limit on sealants?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at age:		
Replace on sealants is: <b>N/A</b>				



# Medical And Dental Associates Pc Insurance Forms Preparation

**Louise Simmers**



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