

Dental Insurance Verification Form

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



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E Durkheim



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