INSURANCE FILE RECORD

E-Mail Address_____ **Verify Information**

Name of Patient_____ Each visit
Last First Middle
Address_____ Verified Date
City_____ State _____Zip_____ _____ _____
Date of Birth_____ Social Security #_____ _____ _____
Phone # (Home)_____(Work)_____ _____ _____
Employer_____ _____ _____
Address_____ _____ _____
Street City State Zip _____ _____
Policy Information _____ _____
Name of Subscriber _____ ( ) Patient Name _____ _____
Relationship to Patient _____ _____ _____
Social Security # _____ Date of Birth _____ _____ _____
Insurance Company _____ID #_____ _____ _____
Ins Address_____ _____ _____
Ins Phone #_____ (Work Phone)_____ _____ _____
Employer_____ _____ _____
Address_____ _____ _____
Street City State Zip _____ _____

_____ _____

ADDITIONAL DENTAL COVERAGE _____ _____

_____ _____
_____ _____

Policy Number_____ Group Number_____ Union Number _____ _____ _____
Name of Policy Holder (i.e. employee)_____ _____ _____
( ) Insured's ID ( ) Medicare ( ) Medicaid Number _____ _____ _____
Effective Date of Insurance_____ _____ _____
Coverage_____ Exclusions or Exceptions_____ _____ _____

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

YES NO % **YES NO %**

____%CLASS 1 PREVENTIVE 00140 EMERG EXAM_____ 09110 PALLIATIVE_____
SAME DAY _____ 04341 SRP_____
INCLUDED _____ 049190 PERIO PROP_____
____%CLASS 2 RESTR 01351 SEALANTS_____ 00210 FMX __ YRS _____
AGE_____ LAST FMX_____
TOOTH_____
____%SINGLE CROWNS 02940 SED FILLS_____ 05520 REPAIRS_____
____%CLASS 3 PROSTHETIC 00470 DIAG CAST_____ DENTURE_____
____%CLASS 4 ORTHO 04355 DIFF PROP_____ 05740 PARTIALS_____
FREQUENCY_____

TO THE DATE YES NO ANY TIME

EXAM_____ PERIODONTICS_____
PROPHY_____ ENDODONTICS_____
BW'S_____ POST/CORE_____
F_____ ORAL SURGERY_____
MAX USED TO DATE_____MAX LEFT_____RENEWAL MONTH_____
DEDUCTIBLE _____PER PERSON CLASS 1 2 3
_____PER FAMILY CLASS 1 2 3
ANNUAL MAXIMUM_____ ORTHO MAXIMUM_____
IS THE BENEFIT PAID TO THE DENTIST OR PATIENT_____?
DOES THIS EMPLOYEE USE A SCHEDULE OF BENEFITS_____?
ARE X-RAYS CONSIDERED CLASS 1_____?

THANK YOU