Dental Insurance Verification Checklist

What to verify before a patient appointment

DENTISTRY AUTOMATION

Use this checklist as a structured review aid. Required fields vary by payer, plan, procedure, and practice workflow. Incomplete or ambiguous responses should be routed for human review.

Patient & subscriber information

- [ ] Patient full name
- [ ] Date of birth
- [ ] Member or subscriber ID
- [ ] Group number, when applicable
- [ ] Subscriber name
- [ ] Patient relationship to subscriber
- [ ] Insurance payer

Eligibility & plan status

- [ ] Current eligibility status
- [ ] Effective date
- [ ] Termination date, if applicable
- [ ] Plan type and benefit period
- [ ] Patient covered under the plan reviewed

Deductibles & annual maximums

- [ ] Individual deductible
- [ ] Family deductible
- [ ] Deductible met and remaining
- [ ] Annual maximum
- [ ] Amount used and remaining maximum

Verification record

Verified by _____

Date / time _____

Payer source _____

Reference # _____

Coverage by service category

- [ ] Preventive services
- [ ] Basic services
- [ ] Major services
- [ ] Orthodontic services, when applicable
- [ ] Procedure-specific coverage

Limitations & plan provisions

- [ ] Frequency limitations
- [ ] Waiting periods
- [ ] Plan exclusions
- [ ] Service and procedure restrictions
- [ ] Age limitations
- [ ] Missing tooth clause
- [ ] Alternate or downgrade benefits

Coordination of benefits

- [ ] Primary insurance identified
- [ ] Secondary insurance identified
- [ ] Coordination rules reviewed
- [ ] Patient responsibility after primary benefits

Exception review

- [ ] Patient and payer match confirmed
- [ ] Response is complete and unambiguous
- [ ] Missing details routed to the team
- [ ] Patient estimate updated as appropriate

Notes

Read the full guide: dentistryautomation.com/blogs/dental-insurance-verification-checklist/