Insurance Verification Form

Office Information

Today's date: 11/21/2025 | **Practice name:** Bright Smile Dental Care | **Verified by:** Sarah Johnson
Provider name: Dr. Michael Chen, DDS | **Appointment date:** 11/25/2025

Patient & Subscriber Information

Patient name: Emily Rodriguez | **Patient DOB:** 03/15/1985 | **SSN:** 123-45-6789
Subscriber Name: Robert Rodriguez | **Subscriber DOB:** 08/22/1983 | **Member ID:** DD123456789

Insurance Information

Insurance Name: Delta Dental Premier | **Contract Calendar:** Jan-Dec | **Group #:** GRP-12345
Claims Mailing Address: P.O. Box 1234, Sacramento, CA 95814 | **Group Name:** ABC Corporation | **Network:** In Network
Phone Number: 1-800-555-1234 | **Payor ID:** DD001 | **Accept Assignment of Benefit:** Yes

Benefit Breakdown

Effective Date: 01/01/2025 | **Benefit Year:** Calendar Year
Annual Maximum: $2000 | **Remaining Maximum:** $1450
Coverage Start/End Dates: 01/01/2025 - 12/31/2025 | **Individual Deductible:** $50 | **Deductible Remaining:** $50

Coverage by Category

Preventive/Diagnostic: (●) Yes ( ) No **% Covered:** 100% **Deductible Applies to:** No
Basic Services: (●) Yes ( ) No **% Covered:** 80% **Deductible Applies to:** Yes
Major Services: (●) Yes ( ) No **% Covered:** 50% **Deductible Applies to:** Yes
Waiting Period for Basic: ( ) Yes (●) No None **Waiting Period for Major:** (●) Yes ( ) No 12 months
Is there a Lifetime Tooth Clause? (●) Yes ( ) No

Exams / Diagnostics

D0150 - Comp Oral Eval: Coverage %: 100%	**Limitations:** Once per 3 years	**History:**	Last done: 01/15/2023
D0120 - Periodic Oral Eval: Coverage %: 100%	**Limitations:** 2x per year	**History:**	Last done: 05/10/2025
D0140 - Limited Oral Eval: Coverage %: 100%	**Limitations:** As needed	**History:**	None
D0180 - Comp Perio Eval.: Coverage %: 100%	**Limitations:** Once per year	**History:**	None

Does Limited share frequency with other exams? ( ) Yes (●) No

Diagnostic X-Rays / Imaging

D0210 - FMX: Coverage %: 100%	**Limitations:** Once per 3 years	**History:**	Last done: 02/20/2023
D0272/D0274 - BWX: Coverage %: 100%	**Limitations:** 2x per year	**History:**	Last done: 05/10/2025
D0330 - Pano: Coverage %: 100%	**Limitations:** Once per 5 years	**History:**	Last done: 03/15/2021

Can Pano be taken on same day as FMX? ( ) Yes (●) No

Preventive

D1110/D1120 - Prophy: Coverage %: 100%	**Limitations:** 2x per year	**History:**	Last done: 05/10/2025
D1206/D1208 - Fluoride: Coverage %: 100%	**Limitations:** Age 18 and under, 2x/year	**History:**	N/A - Adult patient
D1351 - Sealant: Coverage %: 80%	**Limitations:** Age 16 and under	**History:**	N/A - Adult patient

Teeth Covered: Molars only (#1-3, 14-19, 30-32)

Restorative

D2140/D2150/D2160/D2161 - Amalgam: Coverage %: 80%	**Limitations:** Once per surface per 24 months	**History:**	None
D2330/D2331/D2332/D2335 - Resin Composite - Anterior: Coverage %: 80%	**Limitations:** Once per surface per 24 months	**History:**	None
D2391/D2392/D2393/D2394 - Resin Composite - Posterior: Coverage %: 80%	**Limitations:** Downgrade to amalgam	**History:**	None

Is composite/fillings downgraded to amalgam? (●) Yes ( ) No

Endodontics

D3310/D3320/D3330 - Root Canal: Coverage %: 80%	**Limitations:** Once per tooth per lifetime	**History:**	None
D3346/D3347/D3348 - Retreat: Coverage %: 80%	**Limitations:** After 24 months	**History:**	None
D3220 - Pulpotomy Primary Teeth: Coverage %: 80%	**Limitations:** Primary teeth only	**History:**	N/A

Is Endo covered under Basic or Major? (●) Basic ( ) Major

Periodontics

D4341/D4342 - SRP: Coverage %: 80%	**Limitations:** Once per quad per 24 months	**History:**	None
D4346 - Scaling in Presence of Gingival Inflammation: Coverage %: 100%	**Limitations:** Once per 6 months	**History:**	None
D4355 - Full Mouth Debridement: Coverage %: 100%	**Limitations:** Once per lifetime	**History:**	None
D4910 - Periodontal Maintenance: Coverage %: 100%	**Limitations:** 4x per year after SRP	**History:**	Last: 05/10/2025
D4381 - Localized Delivery of Antimicrobials: Coverage %: 80%	**Limitations:** Max 4 sites per visit	**History:**	None

Does Perio Maintenance share frequency with prophy? (●) Yes ( ) No
Time between SRP and Prophy? 90 days **Quads per Day:** 2
Is SRP covered under Basic or Major? (●) Basic ( ) Major **Same day Prophy/Perio?** ( ) Yes (●) No
Is D4381 covered under Basic or Major? (●) Basic ( ) Major

Prosthodontics

D2740 - Crown - Porcelain/Ceramic: Coverage %: 50%	**Limitations:** Once per 5 years	**History:**	None
D2750/D2751/D2752 - Crown - PFM: Coverage %: 50%	**Limitations:** Once per 5 years	**History:**	None
D2790/D2791/D2792 - Crown - Full Cast: Coverage %: 50%	**Limitations:** Once per 5 years	**History:**	None
D2950 - Core Buildup including Pins: Coverage %: 50%	**Limitations:** Once per 5 years with crown	**History:**	None
D2952 - Post & Core in Addition to Crown: Coverage %: 50%	**Limitations:** Once per 5 years with crown	**History:**	None

Is core buildup paid on the day of crown prep or Seat? ( ) Prep (●) Seat
Is Crown/Bridge paid on day of Prep or Seat? ( ) Prep (●) Seat

Removeable Dentures

D5110 - Complete denture - maxillary: Coverage %: 50% **Limitations:** Once per 5 years **History:** None

D5120 - Complete denture - mandibular: Coverage %: 50% **Limitations:** Once per 5 years **History:** None

D5213/D5214 - Partial denture (max/mand): Coverage %: 50% **Limitations:** Once per 5 years **History:** None

D5225/D5226 - Flexible partial denture (max/mand): Coverage %: 50% **Limitations:** Once per 5 years **History:** None

Oral Surgery

D7140 - D7111 - Simple Extraction (Primary & Permanent): Coverage %: 80% **Limitations:** As needed **History:** None

D7210 - Surgical Removal of Erupted Tooth: Coverage %: 80% **Limitations:** As needed **History:** None

D7220/D7230/D7240 - Removal of Impacted Tooth: Coverage %: 50% **Limitations:** As needed **History:** None

D7953 - Bone graft: Coverage %: 50% **Limitations:** Once per site **History:** None

Is Ext covered under Basic or Major? (●) **Basic** ( ) **Major**

Orthodontics

D8080/D8090 - Comprehensive Ortho: Coverage %: 50% **Age Limitations:** Under age 19 **Lifetime Max:** $1500

Occlusal Guard

D9944/D9945/D9946 - Occlusal guard: Coverage %: 80% **Age Limitations:** Age 18 and over **Lifetime Max:** Once per 3 years

Implants

[D6010/D6012] Surgical placement of endosteal/interim implant: Coverage %: 50% **Limitations:** Once per site per lifetime **History:** None

[D6056/D6057/D6058] Abutment: Coverage %: 50% **Limitations:** Once per implant **History:** None

[D6065/D6066/D6067] Implant-supported crown: Coverage %: 50% **Limitations:** Once per 5 years **History:** None

[D6240/D6241/D6242/D6245] Bridge and Pontics: Coverage %: 50% **Limitations:** Once per 5 years **History:** None

Special Notes

Patient has excellent oral hygiene. No known drug allergies. Prefers morning appointments. Requires pre-authorization for major services over $500.