Prosperity
DENTAL SOLUTIONS
LOVE YOUR PRACTICE, LOVE YOUR LIFE
ONCE THE CLOSER, NOW THE COACH

# Insurance Verification Form

**Date:** _____

**Patient's Name:** _____ **DOB:** _____ **SSN:** _____

**Subscriber's Name:** _____ **DOB:** _____ **SSN:** _____

**Subscriber's Employer:** _____

**Insurance Company:** _____ **Phone:** _____

**Address:** _____

_____

**Effective Date:** _____ **Payer ID:** _____

**Member ID:** _____ **Group #:** _____

**In Network:** Y / N **Calendar** Yr/Physical Month_____

**Max:** _____ **Left:** _____ **Indiv. Ded.:** _____ **Left:** _____ **Family Ded.:** _____ **Left:** _____

**Preventative:** _____% **Basic:** _____% **Major:** _____%

**Oral Surgery:** _____% **Endo:** _____% **Perio:** _____% **Prosth:** _____%

**Waiting Periods:** _____ **Met?:** _____ **Missing Tooth Clause:** _____

**History:** _____

**Exam** (D0150,D0120): _____ per _____ **Limited** (D0140): _____ per _____

**BWX** (D0274): _____ per _____ **FMX** (D0210)/Pano (D0330): _____ per _____

**PA's** (D0220,0230): _____ per _____

**Prophy** (Adult D1110, Child D1120): _____ per _____

**F12** (D1208): _____ per _____ Age _____

**SCRP** (D4341): _____ per _____ All 4 quads in 1 day, okay? _____

**Perio Maint** (D4910): _____% _____ per _____ **Comb w/Prophy** _____

**Sealants** (1351): _____% _____ per _____ Molar/Bi's Age _____

**OccLGuard** (9940): _____% _____ per _____

**Implants** (D6010): ____% **Bone Graft** (D4263): ___% **Abtmt** (D6057): ___% **ImpCr** (D6058): ___%

**BU** (D2950): ____% same day w/crown Y/N **Pay at seat/Prep date Composite Down Grade?**Y/N

**Verified By:** _____ **Rep:** _____ **Date:** _____