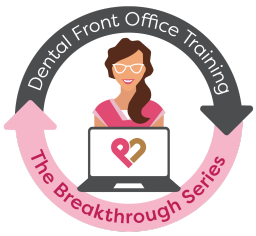

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DENTAL SOLUTIONS
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ONCE THE CLOSER, NOW THE COACH

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RECARE VERIFICATION

Insurance Company:
Claims Address w/ Payer:
Maximum: $
Deductible: $
In/Out of Network:
Group Name:
Group Number:
Effective Date:
Prev: %
Basic: %
Major: %
Endo: %
Perio: %
Oral Surg: %
Ins. Max Used: $
Deductible Remain: $
Rep Name:
Ref. Number: