Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscriber Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subscriber DOB \_\_\_\_\_\_\_\_\_\_\_\_

 Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member ID or SS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Rep: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Claims Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_ Calendar Year or Fiscal Year

Annual Maximum:\_\_\_\_\_\_\_ Used: \_\_\_\_\_\_\_ Annual Deductible:\_\_\_\_\_\_ Met:\_\_\_\_

Deductible Applies to : Preventive Basic & Major All

Separate Maximum for Preventive: Yes No

Preventive: \_\_\_\_\_\_\_\_\_\_ % Basic: \_\_\_\_\_\_\_\_\_\_\_\_\_% Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_%

Perio: \_\_\_\_\_\_\_\_\_\_\_% Endo \_\_\_\_\_\_\_\_\_\_% Oral Surgery \_\_\_\_\_\_\_\_\_\_\_\_%

Post & Core (D2954) \_\_\_\_\_\_\_% FMD (D4355) \_\_\_\_\_\_\_\_\_% Buildup (D2950)\_\_\_\_\_\_\_\_\_\_%

Implants \_\_\_\_\_\_\_\_\_\_\_% Nightguards \_\_\_\_\_\_\_\_\_\_\_%

**FREQUENCY LIMITATIONS:**

Comp Exam (D0150) \_\_\_\_\_\_\_\_\_\_\_\_ Limited Exam (D0140) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Periodic Exam (D0120)\_\_\_\_\_\_\_\_\_\_

Perio Eval (D0180) \_\_\_\_\_\_\_\_\_\_\_ Bwx(D0274)\_\_\_\_\_\_\_\_\_\_ FMX/PANO (D0210/D0330)\_\_\_\_\_\_\_\_\_\_\_

Arestin (D4381)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Perio Maintenance (D4910)\_\_\_\_\_\_\_\_\_\_\_ Prophy\_\_\_\_\_\_\_\_\_\_\_

Sealants \_\_\_\_\_\_\_\_\_\_\_\_\_Fluoride \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nightguards\_\_\_\_\_\_\_\_\_\_\_\_

Composites: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are composites downgraded YES NO

Implants \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Scaling & Root Planing \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2 quads or 4 quads

Waiting Period for Major? YES NO Crowns/Bridges/Major paid on Prep or Seat

Missing Tooth Clause Yes No Coordination of Benefits ?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_