Dental Insurance Verification Form

Patient Information

First Name	Last Name	Date of Birth	Gender
Carl	Evans	03/17/1985	Male

Address	City	State	Zip Code
222 29th Avenue	Denver	CO	20004

Home Phone Number	Work Phone Number	Social Security Number
111-222-333	000-111	937573057

Diagnosis
N/A

Applicable ICD-9-CM Diagnosis Code(s)	Anticipated CPT Code(s) for Procedure(s)
N/A	

Patient Insurance Information

Primary Insurance Company	Policy Number	Group Number
Universal Health	6783	2B

Primary Insurance Phone No.	Subscriber's First Name	Subscriber's Last Name	Date of Birth
000-999	Roger	Peters	09/12/1970

Subscriber's Relationship to Patient
Employer

Address	City	State	Zip Code
2 26th Avenue	Denver	CO	20043

Secondary Insurance Company	Policy Number	Group Number
Elevate Health	8532	A

Secondary Insurance Phone No.	Subscriber's First Name	Subscriber's Last Name	Date of Birth
987-6554	Portia	Woods	04/03/1972

Subscriber's Relationship to Patient
Spouse's Employer

Address	City	State	Zip Code
55 Example Street	Denver	CO	21004

Preventative Coverage

Covered %
100

Is there a waiting period for preventative coverage? ☐ Yes ☑ No Effective Date:

Prophylaxis/Exam Frequency	Bitewing Frequency	Eligible for an FMS every 1 years
1/year	1/year	

Last FMS	Eligible for an FMS now?
10/07/2021	☑ Yes ☐ No

Fluoride Varnish Frequency
Twice per year

Is there an age limit on fluoride varnish applications? ☐ Yes ☑ No If yes, at age:

Is there sealant coverage? ☐ Yes ☑ No Teeth Covered ☐ Molars ☐ Premolars

Is there an age limit on sealants? ☐ Yes ☐ No If yes, at age:

Replace on sealants is: N/A