Full Breakdown — Insurance Verification

Exported by Clear Dental Billing · Sample form

Verification as of —

PATIENT & COVERAGE

Patient:	DOB:
Subscriber:	Sub DOB:
Member ID:	Group #:
Group:	Carrier:
Coverage:	Network:
Provider:	Provider NPI:

BENEFIT BREAKDOWN

PLAN

Payer	
Plan Name	
Group Name	
Group Number	
Coverage status	
Network Status	

MAXIMUMS

Individual Max	
Remaining	
Family Max	
Family Remaining	

DEDUCTIBLES

Individual	
Individual Remaining	
Family	
Family Remaining	

PLAN DETAILS

Reference #	
Representative	
Benefit year	
Missing tooth clause	
Waiting periods	
Honor network fees if maxed?	

COVERAGE

COINSURANCE

Preventive	
Deductible applies?	
Basic	
Deductible applies?	
Major	
Deductible applies?	
Orthodontic	
Deductible applies?	

PREVENTIVE

Exams	
Prophylaxis	
Bitewings	

FMX / Pano
Shared frequency (FMX?prophy)?
Fluoride frequency
Fluoride age limit
Sealants frequency
Sealants age limit
Other preventive notes
Exam history
Next eligible
Prophy / perio history
Next eligible
Bitewing history
Next eligible
FMX / Pano history
Next eligible
Fluoride history
Next eligible

RESTORATIVE

Posterior composite ? amalgam

CROWNS / MAJOR

Replacement rule
Crown downgrade (D2740)
Core build-up
Core build-up frequency

PERIODONTICS

SRP (D4341)
SRP (D4341) frequency
SRP (D4341) all 4 quads same day?
SRP (D4341) notes
D4346
D4346 frequency
D4346 shared w/ prophy?
D4346 notes
Perio maint (D4910)
Perio maint (D4910) frequency
Perio maint (D4910) shared w/ prophy?
Perio maint (D4910) notes

IMPLANTS

Implant D6010
Implant D6010 frequency
Implant D6057
Implant D6057 frequency
Implant D6058
Implant D6058 frequency

ORTHODONTICS

Lifetime max
Lifetime remaining
Age limit

ADJUNCTIVE

Night guard (D9944)