Insurance Verification Form

& 7 tips to streamline the process

DENTAL CLAIMSUPPORT

Date Verified

Patient Name	Patient DOB	Subscriber	Subscriber DOB	Relationship to Subscriber?

Member ID	Insurance Co.	Effective Date	Calendar Year?	

In Network?	Deductible	Has it been used?	Ann. Max	Amount Used?

Preventative %	Procedure	Frequency	Eligible/History	
	Exams (D0120/40/50/80)			
	Prophy (D1110 or D1120)			
	Bitewings (D0272 or D0274)			
	Pano or FMX (D0330 or D0210)			
	Fluoride (D1208)			
	Sealants (D1351)			

Basic %	Procedure	% Percentage	
	Extractions		Downgrade Post. Composites?
	Endo		Any Waiting Periods?
	Perio (D4341/D4342)		Missing Tooth Clause?
	Perio Maint. (D4910)		Notes:

Major %	Procedure	% or Frequency
	Crowns	
	Implants (D6059)	

Ortho %	Covered? Age Limit?	Lifetime Max

7 Tips to Streamline Insurance Verification

1. Always get a full breakdown for every new patient.

2. Always get a new breakdown if insurance coverage changes.

3. A family covered under the same policy will have the same breakdown of benefits as the guarantor or whoever purchased the insurance (no need to do individual breakdowns).

4. Returning patients with the same insurance only need to be verified that they still have the same coverage and are eligible (no full breakdown is needed again).

5. Use insurance web portals for full breakdowns and simple eligibility checks.

6. Call the insurance if a web portal doesn't give good/complete breakdowns.

7. Group your patients together by insurance company for efficiency.

A good business practice is to verify benefits for patients two days (48 hours) before the visit. Although you need full breakdowns of benefits for every patient, you will not have to go through the full process for every patient.