

# DENTAL INSURANCE VERIFICATION FORM

The Privacy Act prevents us from getting certain information from your insurance company.

**You must supply us with the additional information we need if you wish us to bill your insurance directly.**

1. Recall frequency and units of scale allowed.
2. Annual Maximums and percentages for Basic and Major treatment.
3. Benefit year is different from a calendar year.

If you have a policy book, please bring to your appointment and we can extract the information that we need.

**Please be reminded that your insurance is a contract between your insurance company and yourself NOT the dental office. We will do our best to help you keep track of your maximum and frequencies, but it is ultimately your responsibility to know your insurance limits. We are happy to help you with any questions.**

## Patient Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Relationship to Subscriber: \_\_\_\_\_

## Primary Insurance

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Employer: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Certificate #: \_\_\_\_\_

## Secondary Insurance

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Employer: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Certificate #: \_\_\_\_\_

## Coverage Information

### Primary

Maximum: \_\_\_\_\_ Separate or combined  
Benefit Period: \_\_\_\_\_  
Deductible: \_\_\_\_\_  
Basic %: \_\_\_\_\_ Major %: \_\_\_\_\_  
Recall/BW Frequency: \_\_\_\_\_  
Scale Units: \_\_\_\_\_ Fluoride: \_\_\_\_\_ (age limit?)

### Secondary

Maximum: \_\_\_\_\_ Separate or Combined  
Benefit Period: \_\_\_\_\_  
Deductible: \_\_\_\_\_  
Basic%: \_\_\_\_\_ Major %: \_\_\_\_\_  
Recall/BW Frequency: \_\_\_\_\_  
Scale Units: \_\_\_\_\_ Fluoride \_\_\_\_\_ (age limit?)