



RENKEN DENTISTRY

smile from within

Insurance Breakdown

Subscriber Name: _____ DOB: _____ Employer: _____

Patient Name: _____ DOB: _____ Relation to Subscriber: _____ Appt. Date: _____

Ins. Co. Name: _____ Address: _____

Phone: _____ Group No.: _____ Spoke to: _____ Date: _____

Effective: _____ Who Is Covered: _____ to _____

Deductible: Individ. \$ _____ Family \$ _____ Yearly Max \$ _____ Ded on Prev? Yes No Elec. Payor ID# _____

Preventive covered at _____ % Basic covered at _____ % Major covered at _____ %

Includes _____ Includes _____ Includes _____

Is there a waiting period for: Basic work? Yes No satisfied _____ Major work? Yes No satisfied _____

FMX every _____ yrs Is patient eligible now? Yes No Pts. last _____ Pano addition to FMX? Yes No

Prophy _____ in _____ Exams _____ in _____ Bitewings _____ in _____ Notes: _____

Does the patient have any history of RPC (4341)? Yes No When: _____

Is 4341 covered? Yes No Frequency _____ in _____ Notes: _____

Is 4910 (perio prophy) covered? Yes No Frequency _____ in _____ Limitations: _____

Is there sealant coverage (1351)? Yes No At _____ % Limitations: _____

Are posterior composites covered (2391)? Yes No Limitations: _____

Are onlays covered (2642)? Yes No At _____ % Limitations: _____

Are inlays covered (2610)? Yes No At _____ % Limitations: _____

Are build-ups covered (2950)? Yes No At _____ % Limitations: _____

Are crowns paid at? Prep Seat Either

Are partials/dentures paid at? Start Delivery Either

Replacement clause: crowns and bridges _____ yrs. partials and dentures _____ yrs.

Orthodontic coverage? Yes No At _____ % Separate ded \$ _____ Lifetime Max \$ _____ Age limit _____ yrs.

Are nightguards covered (9940)? Yes No At _____ % Limitations: _____

Are prior extractions covered (missing tooth clause)? Yes No Limitations: _____

Is there a non-duplication clause for dual coverage? Yes No

Benefits used for 2009 \$ _____ Has the individual deductible been met? Yes No Family deductible? Yes No

Notes: _____