PREMERA BLUE CROSS

DENTAL INSURANCE VERIFICATION FORM

Use this form as a template for documenting dental benefits when calling Customer Service for a dental benefit quote.

Date: _____

PATIENT/SUBSCRIBER INFORMATION

Patient Information

Patient Name: _____
Date of Birth: ____/____/_____ Age: _____
SSN#: _____

Subscriber Information

Subscriber Name: _____
Date of Birth: ____/____/_____
Subscriber ID#: _____
Plan/Group#: _____
Employer Name: _____

Insurance Information

Insurance Name: _____
Insurance Address: _____
Insurance Phone: _____ Payor ID: _____
Insurance Effective Date: ____/____/_____
Standard COB: Y / N
Waiting Period: Y / N

Year Type: Calendar / Plan
Individual Deductible: $_____ Met to date: $_____
Family Deductible: $_____ Met to date: $_____
Deductible applies to: Preventive / Basic / Major
Dental Maximum: $_____

DENTAL BENEFITS

Class I: Preventive_____%

Routine oral exam - Frequency: _____
Routine prophylaxis - Frequency: _____
Bitewings - Frequency: _____
Panoramic/FMX - Frequency: _____
Fluoride - Frequency: _____ Age Limit: _____
Sealant - Frequency: _____ Age Limit: _____
(Sealants limited to Permanent Teeth Only)

Class II: Basic_____%

Fillings - Frequency: _____
Posterior composites reduced on 2nd or 3rd molars: Y / N
Simple extractions
Periodontal maintenance - Frequency: _____

Class III: Major_____%

Crowns, inlays, onlays, labial veneers, bridge, dentures
Prosthetic Replacement Limitation: _____
Missing Tooth Clause: _____
Implants Benefits: Y / N

Allowable under Basic or Major:

Endodontic: Basic / Major
Perio Scaling: Basic / Major - Frequency: _____
Osseous Surgery: Basic / Major - Frequency: _____
Surgical Extractions: Basic / Major
Oral Surgery: Basic / Major
Nightguards (Bruxism): Basic / Major - Frequency:_____

Orthodontia: _____%

Orthodontia Lifetime Deductible: $_____ Orthodontia Lifetime Deductible Met to date: $_____
Diagnostic & Banding Maximum (applies to Orthodontia Lifetime Max): $_____
Lifetime Orthodontia Maximum: $_____ Age Limit: _____

Disclaimer: This is a summary of plan benefits and is not intended to be a contract. Actual coverage will be determined when the claim is processed subject to all contract terms, including, but not limited to, member benefits, benefit maximums and subscription charge payment covering the actual dates of service. This is not a dental pre-determination of benefits or a guarantee of payment.

All services are subject to review of Premera processing policies, medical vs. dental benefit application, dental necessity, cosmetic, and/or alternative benefit.