

APPOINTMENT DATE: \_\_\_\_\_ DATE VERIFIED: \_\_\_\_\_ eASSIST TEAM: \_\_\_\_\_

**PATIENT INFORMATION**

SUBSCRIBER NAME: _____		SUBSCRIBER ID#: _____	
SUBSCRIBER DOB: _____	PATIENT NAME: _____	PATIENT DOB: _____	
EFFECTIVE DATE: _____	COVERAGE TYPE: <input type="checkbox"/> Individual <input type="checkbox"/> Family		

**INSURANCE INFORMATION**

INSURANCE COMPANY: _____		INSURANCE TELEPHONE (_____) _____	
INSURANCE CLAIMS ADDRESS _____			Payor ID#: _____
EMPLOYER/GROUP NAME: _____		GROUP#: _____	
NETWORK: <input type="checkbox"/> IN-NETWORK	<input type="checkbox"/> OUT-NETWORK	<input type="checkbox"/> DHMO	Ins Rep: _____

**COVERAGE INFORMATION**

<input type="checkbox"/> CALENDAR YR	<input type="checkbox"/> BENEFIT YR	FROM _____ TO _____	COB RULE: _____	MTC: <input type="checkbox"/> YES <input type="checkbox"/> NO
MAX: \$ _____		USED DATE: \$ _____	PREV APPLIES MAX: <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE: _____
DED: \$ _____	USED DATE: \$ _____	FAMILY DED: \$ _____	USED: \$ _____	WAIVED PREV: <input type="checkbox"/> YES <input type="checkbox"/> NO
PREV: _____%	BASIC: _____%	MAJOR: _____%	ENDO: _____%	PERIO: _____% O.S. _____% IMPS: _____%
ORTHO: _____%	MAX: \$ _____	LIFETIME MAX: <input type="checkbox"/> YES <input type="checkbox"/> NO	USED: \$ _____	

**PREVENTIVE FREQUENCIES**

EXAM: _____	Share w/D0140: <input type="checkbox"/> YES <input type="checkbox"/> NO	PALLATIVE D9110: _____%
PANO/FMX: _____%	Share Freq: <input type="checkbox"/> YES <input type="checkbox"/> NO	BWX: _____% CHILD: _____
VERT: _____	PA's: _____%	PROPHY: _____ PMT: _____%
FLO: _____	to age _____ @ _____%	SEALANTS: _____% Age/Limits: _____

**PATIENT HISTORY** \*Required Fields

*Exam: _____	*FMX/Pano: _____	*BWX: _____	*Prophy: _____	*Flo: _____
SRP: _____	*PMT: _____	SFM: _____	FMD: _____	NG: _____
Sealants: _____	Comps: _____	Crowns: _____		
Ortho: _____	Implants: _____			

*This report is for informational purposes only. The information is derived directly from the payor indicated on the report and is not to be construed as a guarantee of payment.*