



VERRIFIC

Detailed Breakdown

(773) 804-8895

Patient Name	<u>Verrific Terrific</u>	Subscriber Name	<u>Verrific Subscriber</u>	Subscriber Id	<u>123456789</u>
Date of Birth	<u>01/01/1995</u>	Subscriber DOB	<u>01/01/1995</u>	Date Verified	<u>06/17/2021 16:38:06 GMT</u>
Insurance Carrier	<u>Cigna</u>	Req Participation	<u>In Network</u>	Verified as	<u>DPPO</u>
Group Num	<u>0742704</u>	Group Name	<u>ASDF</u>		
Effective Date	<u>1/1/2021</u>	Ins Max Used	<u>\$800</u>	Deductible Met	<u>\$50</u>

Subscriber Note/Alert:

Patient name: Verrific Terrific
 Has patient history at another provider been checked and entered?: Yes
 Has insurance amount and deductible used been checked and entered?: YES
 Rep Name: Eli
 Reference #: 239458
 No ortho coverage for dependents

Maximums and Deductibles

Benefit Year	<u>Calendar</u>
Annual Max	<u>\$1500</u>
General Deductible	<u>\$50</u>
Family Deductible	<u>\$150</u>
Diagnostic Deductible	<u>\$0</u>
X-ray Deductible	<u>\$0</u>
X-ray PA Deductible	<u>\$0</u>
X-ray 4BW Deductible	<u>\$0</u>
X-ray FMX, Pano Deductible	<u>\$0</u>
Preventative Deductible	<u>\$0</u>

% Coverage for Categories

Diagnostic	<u>100%</u>
X-ray	<u>100%</u>
Routine Preventive	<u>100%</u>
Restorative	<u>80%</u>
Endo	<u>80%</u>
Perio	<u>80%</u>
Oral Surgery	<u>80%</u>
Crowns	<u>50%</u>
Prosthodontics	<u>50%</u>

Waiting period for Categories

(in month(s))

Restorative	<u>0 month(s)</u>
Endo	<u>0 month(s)</u>
Perio	<u>0 month(s)</u>
Oral Surgery	<u>0 month(s)</u>
Crowns	<u>0 month(s)</u>
Prosthodontics	<u>0 month(s)</u>

Ortho Information

Lifetime Max	<u>\$1000</u>
Percentage	<u>50%</u>
Age limit	<u>18</u>

Downgrades

Do Fillings have a downgrade?	<u>Posterior</u>
Do Crowns have a downgrade?	<u>All</u>

Age Limitations

Fluoride through age	<u>15</u>
Sealants through age	<u>14</u>

Frequencies

Frequency of BW	<u>1 Per Year</u>
Frequency of Pano/FMX	<u>Every 36 Months</u>
Frequency of Exams	<u>2 Per Year</u>
Frequency of Prophy	<u>2 Per Year</u>
Frequency of Fluoride	<u>2 Per Year</u>
Frequency of Sealants	<u>Every 36 Months</u>
Frequency of Crowns	<u>Every 60 Months</u>
Frequency of SRP	<u>Every 24 Months</u>
Frequency of Full Debridement	<u>Every 36 Months</u>
Frequency of Perio Maintenance	<u>2 Per Year</u>



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Code Specific Percentage Breakdown & Frequency	Percent	Freq	Age
D1208/D1206 (Fluoride) ●	100%	2 Per Year	15
D1351 (Sealants) ●	100%	Every 36 Months	14
D4355 (Debridement) ●	80%	Every 36 Months	
D4381 (Minocycline gel)	80%	Every 99 Years	
D4910 (Periodontal maintenance) ●	80%	2 Per Year	
D4266 (Guided Tissue Regeneration) ●	80%	x	
D7953 (Bone replacement graft for ridge preservation) ●	80%	x	
D7210 (Surgical Extractions)	80%	x	
D6010 (Surgical placement of implant body)	No Coverage		
D6057 (Custom fabricated abutment)	No Coverage		
D6058 (Abutment supported porcelain/ceramic crown)	No Coverage		
D9110 (Palliative (emergency) treatment of dental pain)	80%	x	
D9944 (Occlusal guard – hard appliance, full arch)	80%	x	
D9945 (Occlusal guard – soft appliance, full arch)	80%	x	
D9946 (Occlusal guard – hard appliance, partial arch)	80%	x	

This section can be customized to include 15 custom codes for your practice. Simply provide to us YOUR 15 codes you would like in this section instead. 15 custom codes are included in the cost of the detailed breakdown. If you would like to add additional codes beyond 15, please refer to the FAQ titled 'customization' on the <https://www.Verrific.biz> website for additional pricing

Caveat Question

Are limited exams included in Exam freq?	No
Adult prophy (D1110) is considered at what age?	13
Sealants Covered On Which Teeth?	Molar
Can all for quads of SRP (D4341/D4342) be done on same day?	No
After doing SRP (D4341/D4342), how long for D4381 (minocycline gel) to be considered?	31 day(s)
After doing SRP (D4341/D4342), how long for D4910 (perio maintenance) to be considered?	91 day(s)
Does perio maintenance (D4910) share frequency with prophy (D1110) or in addition to?	In Addition To
Will guided tissue regeneration (D4266/D4267) get covered if done on the day of extraction?	No
Will bone graft (D7953) get covered if done on the day of extraction?	No
Occlusal Guard Coverage ●	Bruxism Only

This section can be customized to include 10 custom codes for your practice. Simply provide to us YOUR 10 custom questions you would like in this section instead. 10 custom questions are included in the cost of the detailed breakdown. If you would like to add additional codes beyond the 10, please refer to the FAQ titled 'customization' on the <https://www.Verrific.biz> website for additional pricing

History

Sr No.	DOS	Procedure code(s)	Tooth/Quad	Surface
1	02/01/2021	D0110,D0120,D1110		
2	02/21/2021	D7140,D7953	8	

Customization Note:

- If you remove Fluoride, Sealants, Debridement, Perio Maintenance from Page 2 it will also be removed from Page 1
- If you remove Occlusal Guard Coverage, it will also remove D9944, D9945, D9946
- If you remove D7953 or D4266, it's related caveat question will also be removed