



**VERRIFIC**

# Basic Breakdown

(773) 804-8895

Patient Name	<u>Allowed, Allen</u>	Subscriber Name	<u>Allowed, Allen</u>	Group Number	<u>061313</u>
Date of Birth	<u>06/05/1980</u>	Subscriber DOB	<u>06/05/1980</u>	Date Verified	<u>01/29/2021 03:17:54 G</u>
Insurance Carrier	<u>Blue Cross Blue Shield of</u>			Ins Max Used	<u>\$0</u>
Effective Date	<u>01/01/2020</u>	Deductible Met	<u>\$0</u>		

## Plan Information

In or Out of Network?	<u>In Network</u>
Is there a missing tooth clause?	<u>No</u>
Is there a waiting period?	<u>Yes</u>

## Maximums and Deductibles

Benefit Year	<u>Calendar</u>
Annual Max	<u>\$1750</u>
General Deductible	<u>\$50</u>
Family Deductible	<u>\$</u>
Diagnostic Deductible	<u>\$0</u>
X-ray Deductible	<u>\$0</u>
X-ray PA Deductible	<u>\$0</u>
X-ray 2BW, 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>6 month(s)</u>
Prosthodontics	<u>6 month(s)</u>

## Ortho Information

Lifetime Max	<u>\$2500</u>
Percentage	<u>50%</u>
Age limit	<u>26</u>

## Downgrades

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

## Age Limitations

Fluoride through age	<u>18</u>
Sealants through age	<u>15</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 Prohpy	<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 5 Years</u>
Frequency of SRP	<u>Every 24 Months</u>
Frequency of Full Debridement	<u>Every 99 Years</u>
Frequency of Perio Maintenance	<u>2 Times In Last 12 Months</u>

## History



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	<b>DOS</b>	<b>Procedure code</b>	<b>Tooth/Quad</b>	<b>Surface</b>
1	10/15/2020	D2391	1	OB

### Subscriber Note:

Patient name: Allen  
Maximum remaining: \$1750  
Deductible remaining: \$50

### Alert: