



GREEN PARK DENTISTRY

ANDREW SUGG, D.D.S.

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ESTIMATED INSURANCE COVERAGE WORKSHEET

Patient's Name _____ Patient's DOB _____

Insured's Name _____ DOB _____ SS#/ID# _____

Insured's Employer _____ Group # _____

Insurance Company Name _____ Payor ID# _____

Insurance Company Mailing Address _____

Effective Date _____ Waiting Period Ends _____ Yearly Deductible\$ _____

Deductible waived on preventative services Yes _____ No _____ Deductible Met _____

Calendar Year _____ Fiscal Year _____ Month Starts _____ Month Ends _____

Yearly Maximum \$ _____ Amount Used \$ _____ Missing Tooth Clause _____

Preventative (1110) _____ % Basic (2140) _____ % Major(2740) _____ % Endo (3310) _____ %

Prophy (1110) _____ % Perio Maint (4910) _____ % Quad Scaling(4341) _____ % Buildup (2950) _____ %
Simple Ext (7140) _____ % Surg Ext (7210) _____ % Bone Graft (7953) _____ %

Implants (6010) _____ % Implant Crown (6066) _____ % NTI (9940) _____ %

Abutments (6057) _____ % Locators (6056) _____ %

Replacement Frequency for Partial & Dentures _____ yrs Crowns _____ yrs Bridge _____ yrs

Replacement Frequency for Implants _____ yrs

Cleanings exactly 6 months apart? Yes _____ No _____ Sealants _____ Up to Age _____

Full Mouth Xray/Panorex covered every _____ Months Bitewings _____ films Per Year

Spoke With _____ Fax _____ Automated _____ Insurance Phone # _____

Verified By _____ Date Verified _____