

Welcome to Nikodem Dental!



We are pleased you chose our practice for your dental health needs. If you are uninsured, please sign and date?

Sign: _____

Date: _____

If insured, please fill out the following information:

We will submit your services to your insurance company as a courtesy based on the information you provided below. All information must be complete to ensure prompt payment for services rendered. **Insurance quotes are only an estimate and are not a guarantee of payment.** Patients are responsible for any amount not covered by the insurance company. Patients are expected to pay any co-pay or portion not covered by the insurance company at the time of service.

Responsible party signature: _____

Date Ins was called: _____

Patient Name: _____

Date of Birth: ___/___/___

SSN/ ID#: _____

Subscriber Name: _____

Date of Birth: ___/___/___

Subscriber SSN/ID#: _____

Employer Name: _____

Insurance Information

Insurance Name: _____

Insurance Phone: _____

Insurance Address: _____

Insurance Effective Date: ___/___/___

Plan/Group#: _____

Individual Deductible: \$ _____ Met to date: \$ _____

Ded. applies to: Prev. / Basic / Major

Dental Maximum: \$ _____ Met to date: \$ _____

Standard COB: Y / N

Year Type: Calendar / Benefit Year _____

Class I: Preventive _____ %

Routine oral exam: _____

Prophy: _____

Bitewings: _____

Pano/FMX: _____ Today? _____

Fluoride: _____ Age Limit: _____

Sealant: _____ Age Limit: _____

Vizilite (D0431) _____

Class II: Basic _____ %

Posterior composites downgraded on ^{molars}: Y / N

Class III: Major _____ %

Prosthetic Replacement Limitation: _____ History of Prosthetics: _____

Implants Benefits: Y / N

Implant Crown Y/N

Waiting Period: Y / N _____

Missing Tooth Clause: Y / N

Allowable under Basic or Major:

Endodontic: Basic / Major

Perio Scaling: Basic / Major - Freq: _____

Surgical Extractions: Basic / Major

Simple extractions (7140): Basic or Major

Nightguards (Bruxism D9940) Basic/Major - Freq: _____

PAYOR ID: _____

NPI: 174031709

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.