



## Insurance Benefits Worksheet

Patient Name:

Annual Max	Response	Notes
Annual maximum	\$	
Amount left in annual maximum	\$	

Usual Customary Fees (UCR's)				
Procedures	Code	The UCR Fee	% Covered	Notes
Consultation	D9310	\$		
Panorex	D0330	\$		Eligible now? __ Yes __ No
Surgical tooth extraction	D7210	\$		
Extraction soft tissue impaction	D7220	\$		
Extraction partial bony impaction	D7230	\$		
Extraction full bony impaction	D7240	\$		
Extraction- Simple	D7110	\$		
Dental implants	D6010			
Bone graft (two parts for this) • Bone graft • Guided bone regeneration	D7953 D4266			
IV sedation anesthesia	D9223	\$		
Nitrous oxide sedation	D9230	\$		

<b>Patient Name:</b>
<b>Name of Insured:</b>
<b>Insurance address to mail claims:</b>

<b>Tel:</b>	<b>Email:</b>
<b>Insured SS / ID #:</b>	
<b>Name of insurance agent:</b>	

Send completed form along with your X-ray to:

**patientcare@facialart.com**



# Kazemi

ORAL SURGERY &  
DENTAL IMPLANTS