



ACTIVE NOT ELIGIBLE/ TERMD

**SIMPLE BREAKDOWN**

DATE:

PATIENT:		DOB:
SUBSCRIBER:		DOB:
CARRIER:	ID#	GROUP#
CLAIMS ADDRESS:	800#	GROUP NAME:
BENEFIT PERIOD:	EFF. DATE:	PAYOR ID:

MAX \$

DED \$

PREVENTIVE	<input type="checkbox"/>	ENDO	<input type="checkbox"/>
BASIC	<input type="checkbox"/>	PERIO	<input type="checkbox"/>
MAJOR	<input type="checkbox"/>	OS	<input type="checkbox"/>
		ORTHO	<input type="checkbox"/>

**COMMON PROCEDURES**

D0120	PERIODIC EXAM	
D1110	PROPHYLAXIS	
D0274	BITEWINGS	
D0210/D0330	FMX/ PANO	
D1206/D1208	FLUORIDE	

CLAIMS HISTORY	
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IN/ OUT OF NETWORK

REP:  
REF#