VERIFYING YOUR INSURANCE COVERAGE

Step One: Getting ready:	 Get your Dental and Medical Insurance Cards Determine who is the subscriber of these plans and have their DOB and SSN Have a paper and pen ready to write down information We have included a sample/fill in form to help you 										
							Step Two: The Call	• Write down the name of the person who you are speaking with and ask for a reference number.			
 Give them our Tax ID [223569060] to see if OMA participates with your plan. 											
 Ask about any deductibles not met, and how much funds are still available. 											
 Ask the representative if you are eligible for certain procedures, the percentage they will cover, and the 											
remaining percentage (or dollar amount) you are responsible for.											
• You should give them a code and then write down the percentage they will cover (if any) right next to it.											
Here are the most common procedures you will need to ask about											
Consultation (Always necessary) : D-9310											
 Panoramic X-Ray (Almost always necessary): D-0330 											
CT Scan (Often necessary): D-0367											
 Impacted Wisdom Tooth Removal: D-7230 and D-7240 											
Removal of all other teeth: D-7210											
 Exposure of Tooth and Bracket Bonding: D-7280 AND D-7283 											
Implants: D-6010											
	Bone Grafts: D-7953										
	• Sinus Lifts: D-7951										
	Apicoectomy/Root Apex Removal: D-3425 AND D-3430										
	Nightguards: D-9944										
	 Biopsies (Medical Insurance*): Lips – 40490, Tongue 41100 and 41105, Palate- 42100, gums-40808 Enconstruction on the time (Machine Insurance*): 44445 										
	 Frenecomty/Tongue or lip ties (Medical Insurance*): 41115 										
	 * We do not participate with any medical insurance plans, but it is always a good idea to provide the cod 										
	to your medical insurance provider and determine if you have any "Out-Of-Network" benefits/coverage										

- Again, always write down the representative's name, the date of your call, and a reference number
- Take a picture or save your information for your own records
- Email us a copy of your breakdown at <u>omaofmontclair@gmail.com</u>

Our Tax ID: 223569060

Procedure Name	Procedure Code	Eligible ?	Contracted Rate \$	Insurance Coverage %	Patient Cost \$
Consultation	D9310				
Panoramic X-Ray	D0330				
· CT Scan	D0367				
Impacted Wisdom Tooth Removal	D7240				
Removal of all other teeth	D7210				
Exposure of Tooth and Bracket Bonding	D7280 AND D7283				
• Implants	D6010				
Bone Grafts	D7953				
Sinus Lifts	D7951				
Apicoectomy/Root Apex Removal	D3425 AND D3430				
Nightguards	D9944				
Nitrous Oxide / Laughing Gas	D9230				
• Frenecomty/Tongue or lip ties (Medical Insurance*)	41115				
Biopsies (Medical Insurance*)					
Lips	40490				
Tongue	41100 AND 41105				
Palate	42100				
Gums	40808				
Date					
Available Funds					
Any Calendar Deductible					
Name of Representative					
Reference Number					

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