FRONT DESK WORKSHEET

Dental Insurance Verification

One sheet per patient.
Run the electronic check first, then call the payer for what it leaves out.

PATIENT

APPOINTMENT DATE

VERIFIED BY

1 Patient and subscriber details

PAYER NAME

PAYER ID

MEMBER ID

GROUP NUMBER

SUBSCRIBER NAME

SUBSCRIBER DATE OF BIRTH

- [ ] Patient is the subscriber
- [ ] Patient is a dependent

2 Active eligibility for the date of service

RECHECK ON THE DAY

EFFECTIVE DATE

TERMINATION DATE

PLAN YEAR RENEWS

- [ ] Appointment falls inside these dates
- [ ] No recent job change
- [ ] Dependent still listed on the plan
- [ ] Rechecked on the date of service

3 Network status and plan type

- [ ] In network for this specific plan
- [ ] PPO
- [ ] DHMO
- [ ] Indemnity

4 Deductible, annual maximum, and remaining benefits

DEDUCTIBLE

MET TO DATE

ANNUAL MAXIMUM

USED TO DATE

REMAINING

CALENDAR OR BENEFIT YEAR

- [ ] Asked about claims paid at other offices

5 Coverage levels for the planned procedures

CHECK BY CDT CODE

CDT CODE	PROCEDURE	COVERED	FREQUENCY USED

6 Frequency limits, waiting periods, and missing tooth clauses

SERVICE	LIMIT	USED	NEXT ELIGIBLE
Cleanings			
Bitewings			
Full-mouth X-rays			
Periodontal maintenance			
Crown replacement			

- [ ] Waiting period checked
- [ ] Missing tooth clause checked
- [ ] Replacement clause checked
- [ ] Downgrades checked (posterior composites, crowns)

7 Pre-authorization or predetermination

- [ ] Pre-authorization required
- [ ] Predetermination requested
- [ ] Not required for this treatment

8 Coordination of benefits TWO PLANS

PRIMARY PLAN

SECONDARY PLAN

- [ ] Patient has one plan only

Verification note YOUR PAPER TRAIL

DATE CHECKED

SOURCE (ELECTRONIC, PORTAL, CALL)

REP NAME

CALL REFERENCE NUMBER

OPEN QUESTIONS

When to verify

STAGE	WHAT TO DO
At scheduling	Collect the insurance card and subscriber details. Online intake forms let patients send card photos ahead of time.
2 to 3 days ahead	Run the full benefits check, so there is time to call the patient about a coverage gap before they are in the chair.
Date of service	Recheck eligibility. Plans can apply changes retroactively, and participation can change too.
Returning patients	Verify at every visit, even when nothing seems different. Ask whether anything has changed since their last visit.

How deep to go, by appointment type

APPOINTMENT	CONFIRM	WHEN
Recall hygiene	Steps 2, 5 and 6: eligibility, coverage, frequencies used	2 to 3 days ahead, plus a day-of recheck
New patient exam	Steps 1 through 5	At scheduling, 2 to 3 days ahead, day-of recheck
Major restorative	All eight steps, including 6 and 7	When treatment is planned, 2 to 3 days ahead, day-of
Emergency	Step 2 same day, the rest afterward	Day of the visit

Call the payer when the electronic check leaves gaps

Electronic eligibility handles the basics quickly, and the 2024 CAQH Index puts the time saving at about eight minutes per verification. It often misses procedure-level detail, so call for frequency history, missing tooth clauses, and downgrades on major treatment. With Oryx Pro, eligibility runs inside the same system your front desk uses to book, with any problem flagged and the reason shown beside it.

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