PLEASE PRINT AND FILL IN ALL BLANKS															FORM													
DATE OF SERVICE							STATE CENTER N						NUMBER						PROVIDER LICENSE #					_				
	1	1		1			1		1		1	1	1	1	1								1					
	MO	DA	Υ	YR																								
MEMBER I.D. # (SEE ELIGIBILITY LIST)								PN#					FIRST					LAST NAME					PATIENT BIRTH DATE					
							1																			<u> </u>		
	FIRST N	AME OF SU	ΙΔ9	ST NA	ME (IE DI	IFFERF	NT FR	OM P	<b>ATIFN</b>	T)					GRO	IIP N	UMBER											

ADA CODE	SERVICE	TOOTH # & SURFACE/QUAD	✓	ADA CODE	SERVICE	TOOTH # & SURFACE/QUAD	✓	ADA CODE	SERVICE	TOOTH # & SURFACE/QUAD
OODL	D0100-D0999 DIAGNOST			OODL	D3000-D3999 ENDODONTIC				D6200-D6999 PROSTHODONTIC	
D0120	Periodic Oral Eval.			D3110	Pulp Cap Direct/Exc Rest	l			Pontic/Porcelain Base Metal	J (I IXLD)
	Limited Oral Eval.				Pulp Cap Ind/Exc Rest				Ret. For Resin Bonded Br.	
	Comprehensive Oral Eval.				Theraputic Pulpotomy				Crown/Porcelain Base Metal	
	Detailed/Extensive Oral Eval.				Endodontic Therapy - Anterior				Crown/Porcelain Noble Metal	
	Intraoral Comp. Series				Endodontic Therapy - Bicuspid				Crown/Full Cast Base Metal	
	Intraoral Periapical 1st				Use for Con't care Appts.				Recement Bridge	
	Intraoral Periap. Ea. Add.			D3					Post and Core, Indirect Fab	
	Intraoral Occlusal			D3					Prefab Post and Core	
	Bitewing - Two Films				D4000-D4999 PERIODONTIC	s			Use for Con't care Appts.	
	Bitewing - Four Films			D4210	Gingivectomy/4+ teeth			D6	' '	
	Panoramic Film				Ging Flap incl Rt. Plane/4+ teeth			D6		
D0460	Pulp Vit. Test				Osseous Surg./4+ teeth			D6		
	Diagnostic casts				Pedicle Soft Tiss Graft			D6		
D0	Blagnostio casts				Perio Sc. Rt. Plane/4+ teeth			D6		
D0					Full Mouth Debridement			DO	D7000-D7999 ORAL SURGE	-DV
			1		Perio Maintenance			D7440		-KI
D0				_					Ext. erupted tooth/exp root	
	D1000-D1999 PREVENTI	VE			Use for Con't care Appts.				Alveo with Ext./4+ teeth	
D1110	Prophylaxis, Adult			D4				D7320	Alveo not with Ext./4+ teeth	
D1120	Prophylaxis, Child			D4				D7999	Use for Con't care Appts.	
D1203	FI Excl Pro Child			D50	00-D5899 PROSTHODONTICS (RE	MOVABLE)		D7		
D1351	Sealant - Per Tooth				Complete Upper Denture	,		D7		
 D15	Space Maintainer				Complete Lower Denture			D7		
	Use for Con't care Appts.				Immediate Upper Denture			D7		
	Ose for Conficare Appls.									
 D1					Immediate Lower Denture			D7		
D1					Upper Partial - Resin			D7		
 D1					Lower Partial - Resin			D7		
D1					Upper Partial - Metal				00-D9999 ADJUNCTIVE GENERA	L SERVICES
	D2000-D2999 RESTORAT	IVE			Lower Partial - Metal				Palliative Treatment	
	Amal 1 Surface				Adj Complete Denture Upper				Occlusal Adj Limited	
	Amal 2 Surface				Adj Complete Denture Lower				Occlusal Adj Complete	
	Amal 3 Surface				Adj Partial Denture Upper				Use for Con't care Appts.	
	Amal 4+ Surface				Adj Partial Denture Lower			D9		
	Resin 1 Surf Anterior				Repair Comp Denture Base			D9		
	Resin 2 Surf Anterior				Repl Teeth Comp Denture Ea.			D9		
D2332					Repair Resin Base			LIST AL	L PROCEDURES OVER MAX OF	R NOT COVERED
	Resin 4+ Surf Anterior				Repair Framework		ADA	CODE	SERVICE	FEE COLLECTED
	Resin 1 Surf Posterior				Repair/Replace Clasp				-	
D2392					Replace Broken Tooth Each					
	Resin 3 Surf Posterior		<b>.</b>		Reline Comp Upper Denture					
	Crown/Porcelain				Reline Comp Lower Denture					
	Crown/Porcelain Hi Noble				Reline Upper Partial Denture					
	Crown/Porcelain Base Metal				Reline Lower Partial Denture					1
	Crown/Full Cast Base Metal		<b>!</b>		Use for Con't care Appts.					
	Core Build Up w/Pins		<b>.</b>	D5						1
	Pin Ret In add to Rest/Tooth		<b>.</b>	D5						1
	Post and Core, Indirect Fab Prefab Post and Core		<b>.</b>	D5 D5						1
			<b>.</b>							1
D2999 D2	Use for Con't care Appts.			D5 D5			-			-
 D2				D5						
D2			<b>.</b>	D5						1
 D2				D5						1
			<b>.</b>	D5						1
			<b>.</b>	D5						1
	l	1		D5		l			1	I

## INSTRUCTIONS FOR COMPLETING THE PATIENT ENCOUNTER FORM

Please complete all necessary information. All procedures are listed by ADA code and blank lines are available so you may write in any procedures not included on the form. **Use only ADA codes.** Forms that are missing information will be returned to the dental office.

- 1. Refer to your eligibility list while completing the top section of the form.
- 2. Check each procedure performed and add tooth# and surface when appropriate.
- 3. Use one line per procedure code.
- 4. Submit only **one** procedure code for procedures which require more than one appointment to complete, example: endodontics, dentures, crown and bridge. For continued care appointments, use the 999 code in the appropriate category for try-in and delivery of prosthetics and endodontic completion appointments.
- 5. Services over the patient's annual maximum or non-covered services should be reported in the lower right box. List the ADA code, service description and the fee for service collected.
- 6. Submit PEFs to DNoA by the 20<sup>th</sup> of the month. All treatment data received by the 20<sup>th</sup> of the month will be reported in that month's utilization. Treatment data received after the 20<sup>th</sup> will be keyed in the following month's utilization.

## LABORATORY AND PROSTHETIC FUND REIMBURSEMENT

Some subscribers are members of groups which offer dental laboratory reimbursement. Follow the instructions below for submitting laboratory bills:

- 1. Once the procedure is completed, attach the original laboratory statement(s) to the Patient Encounter Form.
- 2. Include the patient's name and member I.D. number, procedure code and tooth#(s) on the laboratory statement.
- 3. Non-covered laboratory charges are the patient's financial responsibility, for example: precision attachments or characterizations.
- 4. Lab bills received after 365 days of the date of service will not be processed

Mail all completed forms directly to:

Dental Network of America P.O. Box 23089 Belleville, IL 62223-0089