



Virtual
Innovative
Practice
Systems

"We help patients by helping dentists blend traditions of the past with innovations for the future."

Filing Insurance for Oral Surgery Procedures

In order to help you receive payment from insurance companies faster and easier, we offer three levels of support to you and your team. This FREE service is available as a courtesy to your office for any claims generated as a result of treatment performed by Dr. Greene.

Level One Support: Contact our Insurance Help Desk for answers to individual questions and to receive information about specific procedure/diagnosis codes, insurance forms and clinical narratives. You can reach us at ins@vipsdental.com

Level Two Support: Individual training and troubleshooting for oral surgery claims processing. Our team has decades of experience with oral surgery claims. We can provide you and your team with a variety of resources to help you file claims more accurately and get paid faster. Request an insurance guide from our Insurance Help Desk by emailing ins@vipsdental.com

Level Three Support: Our team can help do anything you need from providing customized narrative reports to filling out claim forms. Contact us to receive full service insurance support as needed.

Contact our Insurance Team any time.

ins@vipsdental.com
972-677-7825

Or
Dena Rathbun
dena@vipsdental.com
cell: 214-334-8416

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An Insurance Troubleshooting Guide for General Dental Offices

Insurance can be a little tricky sometimes, especially with new plans being added all the time. Insurance coverage criteria vary plan to plan. To make it easier and more predictable to get paid by insurance companies, we offer this handy guide to filing claims for oral surgery procedures.

Should more detailed information be needed, or help with individual claims, you can contact our Insurance Help Desk at ins@vipsdental.com any time. Our team is available to assist in any way necessary to help file claims, provide special documentation and assist in securing claim payment.

It is our hope that this guide will provide useful information to help streamline the claims process and relieve insurance headaches.

Getting the Right Information

Getting the right coverage information is the first step in getting claims paid quickly. There are a few key questions that should be added to your insurance verification inquiry in order to ensure accurate coverage information.

Consider adding these questions to your verification record:

- Are surgical extractions covered under the dental plan?
- Are impacted extractions covered under the dental plan?
- Is IV sedation covered under the dental plan? If so, what are the criteria for coverage (ie: 2 or more surgical extractions, one or more impacted extraction, narrative required, etc).

If there is time between diagnosis and scheduled surgery, you may want to file a pre-determination of benefits in order to obtain the most reliable and detailed coverage estimates available.

Ask all surgery patients for a copy of their medical insurance cards, just in case you need it.

Proper Reporting on the Claim Form

All dental claim forms should be filed to insurance with properly reported provider information. This will help prevent hold-ups in claims processing.

- The billing entity is your office and tax identification number. Use your office NPI number for the billing entity information.
- The rendering provider is your surgical provider. Use your surgical provider's license number and NPI number to report the rendering provider.
- Always use your own tax id number on the claim to prevent improper payment of the claim.
- If you have not filed a surgery claim to a particular insurance company before, it is a good idea to send an 'add provider' letter on your office letterhead, along with the first claim. This letter reports that your surgical provider is now seeing patients in your location as an out-of-network provider. A sample letter is attached at the end of this guide. For in-network surgical providers, contact us.
- Most claims for oral surgery require a copy of the panoramic x-ray and operative record with anesthesia time. It is a good idea to send this information with the original claim to prevent delays.

When a Narrative is Required

Some insurance plans will cover IV sedation. When covered, a clinical narrative describing the medical necessity for IV sedation may be required. When you verify coverage, the insurance company can tell you if a narrative will be required. Our insurance support team can provide a custom narrative to accompany the claim form.

Medical Claims Filing

Infrequently, a dental insurance company will request that a claim be filed to the patient's medical carrier prior to the claim being paid by the dental carrier. If an insurance company makes this request, you will need to file a claim to medical on the patient's behalf. In most cases, you can do this preemptively because you are informed properly about the requirement when you verify benefits.

Filing a medical claim for surgical extractions is relatively simple. The claim must be filed on a medical claim form, (HCFA CMS1500-2/12), which is attached at the end of this guide. Also included, is a sample of a properly completed form along with a manual for completing the form.

Points of Interest:

In box 14, enter Qualifier code '454' to indicate date of initial treatment, and use the date of surgery.

In box 17, put your office information as the referring provider and put code "DN" in front of your doctor's name.

In box 21, input the diagnosis code (ICD-9, or ICD-10 beginning 10/15). See attachment at the end of this guide for specific codes most often used. In the space 'ICD ind' in box 21, put a 9 or a 0 to designate whether you are using an ICD-9 code or an ICD-10 code.

Section 24 is for reporting the services rendered using the appropriate CPT (medical procedure) codes.

A list of common CPT codes is attached at the end of this guide. The blank area above each service reporting line is for the inclusion of supplemental claim information, such as tooth #'s and corresponding CDT codes. Enter 'ZZ' then the CDT code followed by 'JP' and the tooth number in this section.

In column 'B' indicate the place of service using service code "11" which indicates the procedure was done in the office.

In column 'D' indicate the CPT procedure code being billed.

In column 'E', place a '1' to indicate that the CPT code is associated with the diagnosis code listed above in section 21.

In column 'F', indicate the line item charges.

In column 'G', indicate the number of units. If you are billing for 2 extractions, you can enter a '2', if billing for only one extraction, you can enter a '1'. Anesthesia CPT codes MUST be reported using minutes in this field. Enter minutes in column 'G' for anesthesia codes (30 for code 99144 and 30 for code 99145 if billing for one hour).

In column 'I', enter the RENDERING provider's NPI number

Send all medical claim forms with a panoramic x-ray and operative record. Once you receive the response/denial/EOB from medical, send a copy of it with the dental claim to the dental carrier for payment.

NOTE: Most medical insurance carriers will NOT pay for dental related oral surgery claims. You simply need the denial letter from medical insurance to accompany the dental claim form in order for the dental insurance to pay the claim.

IMPORTANT

If you need assistance in the event that a dental carrier requests a claim be filed to medical before it will pay for covered dental surgery, please contact us. You can email your request for assistance to our Insurance Help Desk at ins@vipsdental.com or contact Dena Rathbun at 214-334-8416 or dena@vipsdental.com

Down-Coding

As dental insurance plan coverage limitations broaden, we often find ourselves faced with challenges in securing accurate claim payment. One trend which has increased in frequency is the “down-coding” of procedure codes by insurance, which results in a lower reimbursement for a given procedure. This is becoming more common with extraction codes (7210-7241). Should a procedure be down-coded by insurance, please follow these guidelines.

Please understand, your surgical provider will never code an extraction to a higher code than necessary for any patient. He will assign procedure codes that are supported by the radiographic and clinical facts along with the technique and surgical procedure required to remove each tooth with as little trauma and bone loss as possible. Insurance company dental consultants do not have the luxury of visualizing the entire clinical circumstance and the consultants have only the radiograph to base their determination on. For this reason, the assignment of a lower procedure code will occur from time to time.

Be aware that surgical services provided by us are not considered contract services, or “in-network”. If an insurance company assigns a lower code to a procedure, it does not mean that your office is required to adjust the fee to match the new code. In the event that an extraction is “down-coded”, we recommend contacting our Insurance Help Desk at ins@vipsdental.com in order to obtain a clinical narrative, which can be filed in an effort to appeal the decision and receive additional claim payment.

In the event that an appeal is not granted, and the lowered code stands, please be aware that your office is under no obligation to accept the lowered fee. The communication from the insurance plan clearly states that the determination is “*Not a Determination of Medical Necessity*”. In fact, it is illegal for an insurance company to dictate treatment or billed procedure codes. It is however, legal for the insurance company to pay for a lesser treatment under certain criteria. Please also be aware that the dental insurance company cannot tell the patient that their doctor has billed the wrong code, and that is the reason why the code and reimbursement amount were changed.

In cases where a billed code is reduced, it is left to the discretion of your office to decide whether to balance bill the patient or reduce the fee to the lesser code. We recommend asking the patient to pay the difference.

In the event that you encounter a case like this, please allow our insurance team to assist.

Free Resources available:

- 1) Personal Instruction on the medical claims process and how to complete the form
- 2) Self-tutorial on the medical claims process and how to complete the form (step by step guide)
- 3) Common procedure codes and diagnosis codes document
- 4) Sample medical (HCFA1500) form
- 5) Option to have our team complete the form for you and send back to you for filing
- 6) Dental surgery claims troubleshooting guide
- 7) Insurance narrative letter templates
- 8) Insurance helpline ins@vipdental.com

Please utilize all resources available to you for insurance claims help. It is our goal to assist in any way possible in order to facilitate a seamless and stress-free relationship for all.

Medical Claim Procedure Codes and Diagnosis Codes
(Wisdom Teeth)

CPT Codes

41899 (surgical extraction, put the dental code in the description)

99144 (iv sedation 30 minutes)

99145 (iv sedation additional 15 minutes)

96375 (therapeutic drug injection)

99241 (consultation)

ICD-9 (Diagnosis Codes)

520.6 (impacted teeth)

521.0 (unspecified dental caries)

ICD-10 (Diagnosis Codes)

K01.1 (Impacted teeth)

K02.9 (Dental caries, unspecified)

Sample of Medical Claim Form (Completed)



MDCodeWizard.com

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

Medical Ins Company

Address

Address

PICA

1. MEDICARE (Medicare #) <input type="checkbox"/> MEDICAID (Medicaid #) <input type="checkbox"/> TRICARE (TRICARE Code) <input type="checkbox"/> CHAMPVA (Member ID#) <input type="checkbox"/> GROUP HEALTH PLAN (Group Health Plan ID#) <input checked="" type="checkbox"/> FECA SLX LUNG (SLX LUNG ID#) <input type="checkbox"/> OTHER (Other ID#) <input type="checkbox"/>		14. INSURED'S ID NUMBER (For Program in Item 1) 1234567	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Doe, Sally		3. PATIENT'S BIRTH DATE MM DD YY 05 05 1992 M F <input checked="" type="checkbox"/>	
4. INSURED'S NAME (Last Name, First Name, Middle Initial) Doe, John		5. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input checked="" type="checkbox"/> Other <input type="checkbox"/>	
6. PATIENT'S ADDRESS (No., Street) Address City Dallas STATE TX ZIP CODE 75254 TELEPHONE (Include Area Code) (214) 555-5555		7. INSURED'S ADDRESS (No., Street) Address City Dallas STATE TX ZIP CODE 75254 TELEPHONE (Include Area Code) (214) 555-5555	
8. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) a. OTHER INSURED'S POLICY OR GROUP NUMBER b. RESERVED FOR NUCC USE c. RESERVED FOR NUCC USE		9. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> PLACE (State) <input type="text"/> c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 10. RESERVED FOR LOCAL USE	
11. INSURED'S POLICY GROUP OR FECA NUMBER Group Number 1234 a. INSURED'S DATE OF BIRTH MM DD YY 01 01 1965 M F <input checked="" type="checkbox"/> b. OTHER CLAIM ID (Designated by NUCC) c. INSURANCE PLAN NAME OR PROGRAM NAME		12. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, complete Items 9, 10 and 11.	
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.) SIGNED Signature on File DATE 8/8/2015			
14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (IMP) MM DD YY 08 08 2015 QUAL 454		15. OTHER DATE MM DD YY QUAL 17a 17b 17c 17d 17e 17f 17g 17h 17i 17j 17k 17l 17m 17n 17o 17p 17q 17r 17s 17t 17u 17v 17w 17x 17y 17z 17aa 17ab 17ac 17ad 17ae 17af 17ag 17ah 17ai 17aj 17ak 17al 17am 17an 17ao 17ap 17aq 17ar 17as 17at 17au 17av 17aw 17ax 17ay 17az 17ba 17bb 17bc 17bd 17be 17bf 17bg 17bh 17bi 17bj 17bk 17bl 17bm 17bn 17bo 17bp 17bq 17br 17bs 17bt 17bu 17bv 17bw 17bx 17by 17bz 17ca 17cb 17cc 17cd 17ce 17cf 17cg 17ch 17ci 17cj 17ck 17cl 17cm 17cn 17co 17cp 17cq 17cr 17cs 17ct 17cu 17cv 17cw 17cx 17cy 17cz 17da 17db 17dc 17dd 17de 17df 17dg 17dh 17di 17dj 17dk 17dl 17dm 17dn 17do 17dp 17dq 17dr 17ds 17dt 17du 17dv 17dw 17dx 17dy 17dz 17ea 17eb 17ec 17ed 17ee 17ef 17eg 17eh 17ei 17ej 17ek 17el 17em 17en 17eo 17ep 17eq 17er 17es 17et 17eu 17ev 17ew 17ex 17ey 17ez 17fa 17fb 17fc 17fd 17fe 17ff 17fg 17fh 17fi 17fj 17fk 17fl 17fm 17fn 17fo 17fp 17fq 17fr 17fs 17ft 17fu 17fv 17fw 17fx 17fy 17fz 17ga 17gb 17gc 17gd 17ge 17gf 17gg 17gh 17gi 17gj 17gk 17gl 17gm 17gn 17go 17gp 17gq 17gr 17gs 17gt 17gu 17gv 17gw 17gx 17gy 17gz 17ha 17hb 17hc 17hd 17he 17hf 17hg 17hi 17hj 17hk 17hl 17hm 17hn 17ho 17hp 17hq 17hr 17hs 17ht 17hu 17hv 17hw 17hx 17hy 17hz 17ia 17ib 17ic 17id 17ie 17if 17ig 17ih 17ii 17ij 17ik 17il 17im 17in 17io 17ip 17iq 17ir 17is 17it 17iu 17iv 17iw 17ix 17iy 17iz 17ja 17jb 17jc 17jd 17je 17jf 17jg 17jh 17ji 17jj 17jk 17jl 17jm 17jn 17jo 17jp 17jq 17jr 17js 17jt 17ju 17jv 17jw 17jx 17jy 17jz 17ka 17kb 17kc 17kd 17ke 17kf 17kg 17kh 17ki 17kj 17kl 17km 17kn 17ko 17kp 17kq 17kr 17ks 17kt 17ku 17kv 17kw 17kx 17ky 17kz 17la 17lb 17lc 17ld 17le 17lf 17lg 17lh 17li 17lj 17lk 17ll 17lm 17ln 17lo 17lp 17lq 17lr 17ls 17lt 17lu 17lv 17lw 17lx 17ly 17lz 17ma 17mb 17mc 17md 17me 17mf 17mg 17mh 17mi 17mj 17mk 17ml 17mm 17mn 17mo 17mp 17mq 17mr 17ms 17mt 17mu 17mv 17mw 17mx 17my 17mz 17na 17nb 17nc 17nd 17ne 17nf 17ng 17nh 17ni 17nj 17nk 17nl 17nm 17nn 17no 17np 17nq 17nr 17ns 17nt 17nu 17nv 17nw 17nx 17ny 17nz 17oa 17ob 17oc 17od 17oe 17of 17og 17oh 17oi 17oj 17ok 17ol 17om 17on 17oo 17op 17oq 17or 17os 17ot 17ou 17ov 17ow 17ox 17oy 17oz 17pa 17pb 17pc 17pd 17pe 17pf 17pg 17ph 17pi 17pj 17pk 17pl 17pm 17pn 17po 17pp 17pq 17pr 17ps 17pt 17pu 17pv 17pw 17px 17py 17pz 17qa 17qb 17qc 17qd 17qe 17qf 17qg 17qh 17qi 17qj 17qk 17ql 17qm 17qn 17qo 17qp 17qq 17qr 17qs 17qt 17qu 17qv 17qw 17qx 17qy 17qz 17ra 17rb 17rc 17rd 17re 17rf 17rg 17rh 17ri 17rj 17rk 17rl 17rm 17rn 17ro 17rp 17rq 17rr 17rs 17rt 17ru 17rv 17rw 17rx 17ry 17rz 17sa 17sb 17sc 17sd 17se 17sf 17sg 17sh 17si 17sj 17sk 17sl 17sm 17sn 17so 17sp 17sq 17sr 17ss 17st 17su 17sv 17sw 17sx 17sy 17sz 17ta 17tb 17tc 17td 17te 17tf 17tg 17th 17ti 17tj 17tk 17tl 17tm 17tn 17to 17tp 17tq 17tr 17ts 17tt 17tu 17tv 17tw 17tx 17ty 17tz 17ua 17ub 17uc 17ud 17ue 17uf 17ug 17uh 17ui 17uj 17uk 17ul 17um 17un 17uo 17up 17uq 17ur 17us 17ut 17uu 17uv 17uw 17ux 17uy 17uz 17va 17vb 17vc 17vd 17ve 17vf 17vg 17vh 17vi 17vj 17vk 17vl 17vm 17vn 17vo 17vp 17vq 17vr 17vs 17vt 17vu 17vv 17vw 17vx 17vy 17vz 17wa 17wb 17wc 17wd 17we 17wf 17wg 17wh 17wi 17wj 17wk 17wl 17wm 17wn 17wo 17wp 17wq 17wr 17ws 17wt 17wu 17wv 17ww 17wx 17wy 17wz 17xa 17xb 17xc 17xd 17xe 17xf 17xg 17xh 17xi 17xj 17xk 17xl 17xm 17xn 17xo 17xp 17xq 17xr 17xs 17xt 17xu 17xv 17xw 17xx 17xy 17xz 17ya 17yb 17yc 17yd 17ye 17yf 17yg 17yh 17yi 17yj 17yk 17yl 17ym 17yn 17yo 17yp 17yq 17yr 17ys 17yt 17yu 17yv 17yw 17yx 17yy 17yz 17za 17zb 17zc 17zd 17ze 17zf 17zg 17zh 17zi 17zj 17zk 17zl 17zm 17zn 17zo 17zp 17zq 17zr 17zs 17zt 17zu 17zv 17zw 17zx 17zy 17zz	
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY			
17. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY			
18. OUTSIDE LAST \$ CHARGES YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
19. RECEPTION CODE ORIGINAL REF. NO.			
20. PRIOR AUTHORIZATION NUMBER			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Please A-L to service line below (SIC) ICD-9 9			
A. 520.6 B. C. D. E. F. G. H. I. J. K. L.			
22. A. DATES(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. D. PROCEDURES, SERVICES, OR SUPPLIES (Specify Unusual Circumstances) E. DIAGNOSIS POINTER F. G. H. I. J. K. L. M. N. O. P. Q. R. S. T. U. V. W. X. Y. Z. AA. AB. AC. AD. AE. AF. AG. AH. AI. AJ. AK. AL. AM. AN. AO. AP. AQ. AR. AS. AT. AU. AV. AW. AX. AY. AZ. BA. BB. BC. BD. BE. BF. BG. BH. BI. BJ. BK. BL. BM. BN. BO. BP. BQ. BR. BS. BT. BU. BV. BW. BX. BY. BZ. CA. CB. CC. CD. CE. CF. CG. CH. CI. CJ. CK. CL. CM. CN. CO. CP. CQ. CR. CS. CT. CU. CV. CW. CX. CY. CZ. DA. DB. DC. DD. DE. DF. DG. DH. DI. DJ. DK. DL. DM. DN. DO. DP. DQ. DR. DS. DT. DU. DV. DW. DX. DY. DZ. EA. EB. EC. ED. EE. EF. EG. EH. EI. EJ. EK. EL. EM. EN. EO. EP. EQ. ER. ES. ET. EU. EV. EW. EX. EY. EZ. FA. FB. FC. FD. FE. FF. FG. FH. FI. FJ. FK. FL. FM. FN. FO. FP. FQ. FR. FS. FT. FU. FV. FW. FX. FY. FZ. GA. GB. GC. GD. GE. GF. GG. GH. GI. GJ. GK. GL. GM. GN. GO. GP. GQ. GR. GS. GT. GU. GV. GW. GX. GY. GZ. HA. HB. HC. HD. HE. HF. HG. HH. HI. HJ. HK. HL. HM. HN. HO. HP. HQ. HR. HS. HT. HU. HV. HW. HX. HY. HZ. IA. IB. IC. ID. IE. IF. IG. IH. II. IJ. IK. IL. IM. IN. IO. IP. IQ. IR. IS. IT. IU. IV. IW. IX. IY. IZ. JA. JB. JC. JD. JE. JF. JG. JH. JI. JJ. JK. JL. JM. JN. JO. JP. JQ. JR. JS. JT. JU. JV. JW. JX. JY. JZ. KA. KB. KC. KD. KE. KF. KG. KH. KI. KJ. KL. KM. KN. KO. KP. KQ. KR. KS. KT. KU. KV. KW. KX. KY. KZ. LA. LB. LC. LD. LE. LF. LG. LH. LI. LJ. LK. LL. LM. LN. LO. LP. LQ. LR. LS. LT. LU. LV. LW. LX. LY. LZ. MA. MB. MC. MD. ME. MF. MG. MH. MI. MJ. MK. ML. MM. MN. MO. MP. MQ. MR. MS. MT. MU. MV. MW. MX. MY. MZ. NA. NB. NC. ND. NE. NF. NG. NH. NI. NJ. NK. NL. NM. NN. NO. NP. NQ. NR. NS. NT. NU. NV. NW. NX. NY. NZ. OA. OB. OC. OD. OE. OF. OG. OH. OI. OJ. OK. OL. OM. ON. OO. OP. OQ. OR. OS. OT. OU. OV. OW. OX. OY. OZ. PA. PB. PC. PD. PE. PF. PG. PH. PI. PJ. PK. PL. PM. PN. PO. PP. PQ. PR. PS. PT. PU. PV. PW. PX. PY. PZ. QA. QB. QC. QD. QE. QF. QG. QH. QI. QJ. QK. QL. QM. QN. QO. QP. QQ. QR. QS. QT. QU. QV. QW. QX. QY. QZ. RA. RB. RC. RD. RE. RF. RG. RH. RI. RJ. RK. RL. RM. RN. RO. RP. RQ. RR. RS. RT. RU. RV. RW. RX. RY. RZ. SA. SB. SC. SD. SE. SF. SG. SH. SI. SJ. SK. SL. SM. SN. SO. SP. SQ. SR. SS. ST. SU. SV. SW. SX. SY. SZ. TA. TB. TC. TD. TE. TF. TG. TH. TI. TJ. TK. TL. TM. TN. TO. TP. TQ. TR. TS. TT. TU. TV. TW. TX. TY. TZ. UA. UB. UC. UD. UE. UF. UG. UH. UI. UJ. UK. UL. UM. UN. UO. UP. UQ. UR. US. UT. UY. UZ. VA. VB. VC. VD. VE. VF. VG. VH. VI. VJ. VK. VL. VM. VN. VO. VP. VQ. VR. VS. VT. VU. VW. VX. VY. VZ. WA. WB. WC. WD. WE. WF. WG. WH. WI. WJ. WK. WL. WM. WN. WO. WP. WQ. WR. WS. WT. WY. WZ. XA. XB. XC. XD. XE. XF. XG. XH. XI. XJ. XK. XL. XM. XN. XO. XP. XQ. XR. XS. XT. XU. XV. XW. XX. XY. XZ. YA. YB. YC. YD. YE. YF. YG. YH. YI. YJ. YK. YL. YM. YN. YO. YP. YQ. YR. YS. YT. YU. YV. YW. YX. YY. YZ. ZA. ZB. ZC. ZD. ZE. ZF. ZG. ZH. ZI. ZJ. ZK. ZL. ZM. ZN. ZO. ZP. ZQ. ZR. ZS. ZT. ZU. ZV. ZW. ZX. ZY. ZZ			
23. FEDERAL TAX ID NUMBER SSN EIN 11-1111111 X			
24. PATIENT'S ACCOUNT NO. 25. ACCEPT ASSIGNMENT? (For gov't claims, see back) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
26. TOTAL CHARGE 27. AMOUNT PAID 28. BALANCE DUE \$ 2164.00 \$ 0 \$ 2164.00			
29. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED Surgical Provid DATE			
30. SERVICE FACILITY LOCATION INFORMATION Your office address			
31. BILLING PROVIDER INFO & PH# (972) office pho Surgical provider name Your office address address, cont			

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM CMS-1500 (02-12)

Sample Letter to Add Non-Participating Provider

To Whom it May Concern:

The purpose of this letter is to request that Dr. _____ be added as a non-participating provider in our office. Dr. _____ is a virtual associate providing prn oral surgery services in our location. Although our full time doctors will remain participating network providers, Dr. _____ will be treating patients in our office on an out-of network basis.

If there are any questions regarding this request, please do not hesitate to contact us at:

Your Dental Office Info

Address

City, State Zip

Ph#

Thank you for your prompt attention to this matter, which has delayed proper payment of claims on several patients. Those claims are also attached to this correspondence in an effort to facilitate timely claim processing.

Sincerely,

Your Surgical Provider

Insurance Help Desk Contact Information

E-mail all support requests to

ins@vipsdental.com

Be sure to include

Your name

Your office info

Your patient info

Your surgical provider's name

A copy of the patient's insurance info

Copies of any existing claim forms or EOB's

Our goal is to make filing insurance for oral surgery simple and easy. Let our Insurance Help desk provide assistance.

Alternate contact info:

Dena Rathbun

Cell: 214-334-8416

dena@vipsdental.com