

PLEASE PRINT AND FILL IN ALL BLANKS

DENTAL NETWORK OF AMERICA  
PATIENT ENCOUNTER FORM

DATE OF SERVICE: MO [ ] DAY [ ] YR [ ]

STATE [ ] CENTER NUMBER [ ] PROVIDER LICENSE # [ ]

MEMBER I.D. # (SEE ELIGIBILITY LIST) [ ] PN# [ ] FIRST [ ] LAST NAME [ ] PATIENT BIRTH DATE [ ]

FIRST NAME OF SUBSCRIBER [ ] LAST NAME (IF DIFFERENT FROM PATIENT) [ ] GROUP NUMBER [ ]

✓	ADA CODE	SERVICE	TOOTH # & SURFACE/QUAD	✓	ADA CODE	SERVICE	TOOTH # & SURFACE/QUAD	✓	ADA CODE	SERVICE	TOOTH # & SURFACE/QUAD
<b>D0100-D0999 DIAGNOSTIC</b>				<b>D3000-D3999 ENDODONTICS</b>				<b>D6200-D6999 PROSTHODONTICS (FIXED)</b>			
	D0120	Periodic Oral Eval.			D3110	Pulp Cap Direct/Exc Rest			D6241	Pontic/Porcelain Base Metal	
	D0140	Limited Oral Eval.			D3120	Pulp Cap Ind/Exc Rest			D6545	Ret. For Resin Bonded Br.	
	D0150	Comprehensive Oral Eval.			D3220	Therapeutic Pulpotomy			D6751	Crown/Porcelain Base Metal	
	D0160	Detailed/Extensive Oral Eval.			D3310	Endodontic Therapy - Anterior			D6752	Crown/Porcelain Noble Metal	
	D0210	Intraoral Comp. Series			D3320	Endodontic Therapy - Bicuspid			D6791	Crown/Full Cast Base Metal	
	D0220	Intraoral Periapical 1st			D3999	Use for Con't care Appts.			D6930	Recement Bridge	
	D0230	Intraoral Periap. Ea. Add.			D3				D6970	Post and Core, Indirect Fab	
	D0240	Intraoral Occlusal			D3				D6972	Prefab Post and Core	
	D0272	Bitewing - Two Films		<b>D4000-D4999 PERIODONTICS</b>					D6999	Use for Con't care Appts.	
	D0274	Bitewing - Four Films			D4210	Gingivectomy/4+ teeth			D6		
	D0330	Panoramic Film			D4240	Ging Flap incl Rt. Plane/4+ teeth			D6		
	D0460	Pulp Vit. Test			D4260	Osseous Surg./4+ teeth			D6		
	D0470	Diagnostic casts			D4270	Pedicle Soft Tiss Graft			D6		
	D0				D4341	Perio Sc. Rt. Plane/4+ teeth			D6		
	D0				D4355	Full Mouth Debridement		<b>D7000-D7999 ORAL SURGERY</b>			
	D0				D4910	Perio Maintenance			D7140	Ext. erupted tooth/exp root	
<b>D1000-D1999 PREVENTIVE</b>					D4999	Use for Con't care Appts.			D7310	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	Fl Excl Pro Child		<b>D5000-D5899 PROSTHODONTICS (REMOVABLE)</b>					D7		
	D1351	Sealant - Per Tooth			D5110	Complete Upper Denture			D7		
	D15	Space Maintainer			D5120	Complete Lower Denture			D7		
	D1999	Use for Con't care Appts.			D5130	Immediate Upper Denture			D7		
	D1				D5140	Immediate Lower Denture			D7		
	D1				D5211	Upper Partial - Resin			D7		
	D1				D5212	Lower Partial - Resin			D7		
	D1				D5213	Upper Partial - Metal		<b>D9000-D9999 ADJUNCTIVE GENERAL SERVICES</b>			
<b>D2000-D2999 RESTORATIVE</b>					D5214	Lower Partial - Metal			D9110	Palliative Treatment	
	D2140	Amal 1 Surface			D5410	Adj Complete Denture Upper			D9951	Occlusal Adj Limited	
	D2150	Amal 2 Surface			D5411	Adj Complete Denture Lower			D9952	Occlusal Adj Complete	
	D2160	Amal 3 Surface			D5421	Adj Partial Denture Upper			D9999	Use for Con't care Appts.	
	D2161	Amal 4+ Surface			D5422	Adj Partial Denture Lower			D9		
	D2330	Resin 1 Surf Anterior			D5510	Repair Comp Denture Base			D9		
	D2331	Resin 2 Surf Anterior			D5520	Repl Teeth Comp Denture Ea.			D9		
	D2332	Resin 3 Surf Anterior			D5610	Repair Resin Base		<b>LIST ALL PROCEDURES OVER MAX OR NOT COVERED</b>			
	D2335	Resin 4+ Surf Anterior			D5620	Repair Framework		ADA CODE	SERVICE	FEE COLLECTED	
	D2391	Resin 1 Surf Posterior			D5630	Repair/Replace Clasp					
	D2392	Resin 2 Surf Posterior			D5640	Replace Broken Tooth Each					
	D2393	Resin 3 Surf Posterior			D5750	Reline Comp Upper Denture					
	D2740	Crown/Porcelain			D5751	Reline Comp Lower Denture					
	D2750	Crown/Porcelain Hi Noble			D5760	Reline Upper Partial Denture					
	D2751	Crown/Porcelain Base Metal			D5761	Reline Lower Partial Denture					
	D2791	Crown/Full Cast Base Metal			D5899	Use for Con't care Appts.					
	D2950	Core Build Up w/Pins			D5						
	D2951	Pin Ret In add to Rest/Tooth			D5						
	D2952	Post and Core, Indirect Fab			D5						
	D2954	Prefab Post and Core			D5						
	D2999	Use for Con't care Appts.			D5						
	D2				D5						
	D2				D5						
	D2				D5						
	D2				D5						
					D5						
					D5						

## **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**