

1. Patient Name (first, M.I., last)	2. Employee/subscriber dental plan e.g. (HNPHP-405- HNHF)	3. Patient birthdate MM DD YYYY	4. Date of Service MM DD YYYY
5. Social Security Number	6. Member Number	7. HN PROVIDER NAME & OFFICE NUMBER:	

ENCOUNTERS ONLY. NO CLAIMS, SPECIALTY REFERRALS, OR LAB REIMBURSEMENTS.

PLEASE CIRCLE PROCEDURE CODE PERFORMED:							
DIAGNOSTIC	Qty	Tooth	Surface	PROSTHODONTICS, RMV	Qty	Tooth	Surface
0120, 0140, 0150, 0160, 0180 Exams				5410, 5414, 5421, 5422 Adj Denture			
0210, 0220, 0230 X-rays				5510 Repair FUD/FLD Base			
0270, 0272, 0274 Bitewings				5520 Replace Tooth			
0330 Panoramic X-ray				5610 Denture Repair			
				5620 Repair Part Metal Frm			
PREVENTIVE	Qty	Tooth	Surface	5630 Repair Clasp			
1110 Prophy				5640 Repair Tooth PUD/PLD			
1201 Prophy & Fl				5650 Add Tooth Partial			
1202 Topical Fl				5660 Add Clasp Partial			
1351 Sealant				5670, 5671 Replace Teeth & Acrylic			
1510, 1515, 1520, 1525 Sp Maintain				5730, 5731, 5740, 5741 Office Reline			
RESTORATIVE	Qty	Tooth	Surface	5750, 5751, 5760, 5761, Lab Reline			
2140, 2150, 2160, 2161 Perm. Amal				5850 Tissue Conditioning			
2330, 2331, 2332, 2335 Resin				PROSTHODONTICS, FXD	Qty	Tooth	Surface
2385, 2386, 2387, 2388, Post Resin				6210, 6211, 6240, 6241, Pontic			
2390, 2391, 2392, 2393, 2394,				6242, 6245, 6250, 6251, 6252			
2740, 2750, 2751, 2790, 2791, Crown				6750, 6751, 6790, 6791, 6792 Bridge			
2920 Recement Crown				6930 Recement Br			
2930, 2931 SS Crown				ORAL SURGERY	Qty	Tooth	Surface
2950 Crown Build-up				7140 Ext			
2952, 2954 Post & Core				7130, 7250 Root Ext			
2970 Temporary Crown				7210 Surgical Ext			
ENDODONTICS	Qty	Tooth	Surface	7220, 7230, 7240, 7241 Ext Impaction			
3110, 3120 Pulp Cap				7286 Biopsy			
3220 Pulpotomy				7310, 7320 Alveoloplasty			
3310, 3320, 3330 RCT				7510 Incise, Drain			
3346, 3347, 3348 Retreatment RCT							
3410 Apicoectomy				ADJ GENERAL SERVICES	Qty	Tooth	Surface
PERIODONTICS	Qty	Tooth	Surface	9110 Palliative Service			
4210 Gingivectomy (Q)				9310 Consult			
4211 Gingivectomy (Tooth)				9430 Emergency Office Visit			
4341, 4342 Root Planning							
4910 Perio Maintenance							
PROSTHODONTICS, RMV	Qty	Tooth	Surface				
5110, 5120 Full Denture							
5211, 5212 Acrylic Partial							
5213, 5214 CrCo Partial							