Example of Dental Claim Form with ADA Procedure Codes

An **Example of dental claim form with ADA procedure codes** illustrates the standardized way dentists document treatments for insurance claims. These forms include specific ADA codes to ensure accurate processing and reimbursement. Understanding this example helps streamline dental billing and improve claim accuracy.

Sample Dental Claim Form

Patient Information

Patient Name: Jane Doe

Date of Birth: 1988-04-12

Insurance ID: A123456789

Subscriber Name: John Doe

Provider Information

Dentist Name: Dr. Alex Smith

NPI Number: 1357689021

Phone: 555-234-5678

Treatment Information

Date of Service	ADA Procedure Code	Tooth Number	Description of Service	Fee
2024-05-20	D0120	-	Periodic Oral Evaluation	$55.00
2024-05-20	D1110	-	Prophylaxis â€" Adult	$85.00
2024-05-20	D2740	14	Crown â€" Porcelain/Ceramic Substrate	$1100.00

Claim Total

Total Charges: **$1,240.00**

Common ADA Procedure Codes

- **D0120**: Periodic Oral Evaluation
- **D1110**: Prophylaxis â€" Adult
- **D2740**: Crown â€" Porcelain/Ceramic Substrate