

Pediatric Dental Claim Form Sample

For Preventive Services

The **pediatric dental claim form** sample for preventive services provides a clear template for submitting insurance claims related to routine dental care for children. It ensures accurate documentation of preventive treatments such as cleanings, fluoride applications, and exams. Using this form helps streamline the reimbursement process and supports efficient communication between dental providers and insurers.

Patient Information

Patient Name	_____	Date of Birth	___ / ___ / ____
Subscriber Name	_____	Patient ID / Member ID	_____
Address	_____		
Phone Number	_____	Relationship to Subscriber	<input type="checkbox"/> Self <input type="checkbox"/> Child <input type="checkbox"/> Other

Insurance Information

Insurance Company Name	_____		
Group Number	_____	Plan Name	_____
Employer Name	_____	Insurance Phone	_____

Provider Information

Dentist Name	_____	NPI Number	_____
Dentist Address	_____		
Dentist Phone	_____	Tax ID	_____

Services Provided (Preventive Care Only)

Date of Service	Procedure Code	Description	Tooth # / Surface	Fee
___ / ___ / ____	D1120	Prophylaxis (Cleaning) - Child	---	\$ _____
___ / ___ / ____	D1206	Fluoride Application	---	\$ _____
___ / ___ / ____	D0150	Comprehensive Oral Evaluation	---	\$ _____

Provider's Signature

Name (Print)	_____	Date	____ / ____ / ____
Signature	_____		

Note: Attach supporting documentation if required (e.g., chart notes, EOB). Ensure all information is complete and accurate before submission.