

# 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	_____ _____ _____	
Subscriber Name	_____ _____ _____	
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

<b>Name (Print)</b>	_____	<b>Date</b>	____ / ____ / ____
<b>Signature</b>	_____		

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