

# Completed Dental Claim Form Sample with Diagnosis Codes

Review this **completed dental claim form** sample, which includes accurate diagnosis codes for efficient insurance processing. The form demonstrates proper documentation and coding to ensure faster claim approval. Use this as a guide to streamline your dental insurance submissions.

Patient & Provider Information			
Patient Name:	Jane Doe	Date of Birth:	03/15/1985
Subscriber ID:	123456789	Relationship to Subscriber:	Self
Provider Name:	Dr. Emily Smith, DDS	NPI:	9876543210
Provider Address:	123 Main St, Suite 200, Springfield, NY 12345		
Insurance Information			
Insurance Company:	Denticare PPO	Group Number:	GRP-0815
Date of Service	Tooth/Surface	Procedure Code	Diagnosis Code(s)
04/17/2024	14 / MOD	D2393	K02.53 (Dental caries on pit and fissure surface)
04/17/2024	8	D1110	Z01.20 (Encounter for dental exam without abnormal findings)
04/17/2024	-	D1206	Z29.3 (Encounter for prophylactic fluoride administration)
<b>Note:</b> Diagnosis codes are examples based on ICD-10-CM. Please verify codes with updated guidelines and payer requirements before submission.			