

Dental Claim Form Sample for Crown and Bridge Work

A **dental claim form sample** for crown and bridge work helps patients and providers accurately submit insurance claims for restorative dental procedures. This form includes details about the treatment, materials used, and costs involved, ensuring a smooth reimbursement process. Properly completing the form reduces errors and accelerates claim approvals.

Patient Information

Patient Name:

Date of Birth:

Patient ID / Insurance #:

Contact Number:

Provider Information

Provider Name:

Provider NPI #:

Clinic Name:

Clinic Phone:

Treatment Details

Date of Service	Tooth Number	ADA Code	Procedure Description	Materials Used	Fee
		e.g., D2740	e.g., Porcelain Crown	e.g., Ceramic	

Insurance Information

Insurance Company:

Policy Number:

Group Number (if applicable):

Authorization & Signature

☐ I confirm the above information is accurate and authorize the release of medical information for insurance purposes.

Patient's Signature:

Date:

Submit Claim