

PLYER:

CLAIM NUMBER

Mail completed form to:
ISLAND GROUP ADMINISTRATION, INC.
3 TOILSOME LANE, EAST HAMPTON, NY 11937
631-324-2306 • 1-800-926-2306

CHECK ONE
DENTIST'S PRE-TREATMENT ESTIMATE
DENTIST'S STATEMENT OF ACTUAL SERVICES

PATIENT NAME, RELATIONSHIP TO EMPLOYEE, SEX, PATIENT'S BIRTHDATE, IF FULL TIME STUDENT, EMPLOYEE/SUBSCRIBER NAME, EMPLOYEE/SUBSCRIBER MAILING ADDRESS, EMPLOYER COMPANY/NAME AND ADDRESS

GROUP NO, LOCATION (LOCAL - LEDGER), DO OTHER FAMILY MEMBERS HAVE DENTAL COVERAGE?, NAME AND ADDRESS OF EMPLOYER, IS PATIENT COVERED BY ANOTHER DENTAL PLAN?, UNION LOCAL, GROUP NO, NAME AND ADDRESS OF CARRIER

HAVE REVIEWED THE FOLLOWING TREATMENT PLAN. I AUTHORIZE RELEASE OF AND INFORMATION RELATING TO THIS CLAIM.
I AUTHORIZE PAYMENT OF DENTAL BENEFITS TO THE UNDERSIGNED DENTIST OR SUPPLIER OF SERVICES:
X SIGNED (PATIENT, OR PARENT IF MINOR) DATE SIGNED
SIGNED (EMPLOYEE) DATE SIGNED

DENTIST'S NAME, MAILING ADDRESS, CITY, STATE, ZIP CODE, 24. IS TREATMENT RESULT OF OCCUPATIONAL ILLNESS OR INJURY?, 25. IS TREATMENT RESULT OF AUTO INJURY?, 26. OTHER ACCIDENT?, 27. ARE ANY SERVICES COVERED BY ANOTHER PLAN?, IF BLUE CROSS IS SECONDARY, ATTACH COPY OF PRIMARY CARRIER'S PAYMENT

DENTIST'S SOC. SEC. NO. (OR T.I.N.), DENTIST'S LIC NO, DENTIST'S PHONE NO., IF PROTHESIS, IS THIS INITIAL PLACEMENT?, IF NO. REASON FOR PLACEMENT, DATE OF PRIOR PLACEMENT

FIRST VISIT DATE CURRENT SERIES, PLACE OF TREATMENT OFFICE, HOSP, ECF, OTHER, RADIOGRAPHS OR MODELS ENCLOSED, NO, YES, HOW MANY?, IS TREATMENT FOR ORTHODONTICS?, IF SERVICES ALREADY COMMENCED ENTER, DATE APPLIANCES PLACED, NO. OF TREATMENTS REMAINING

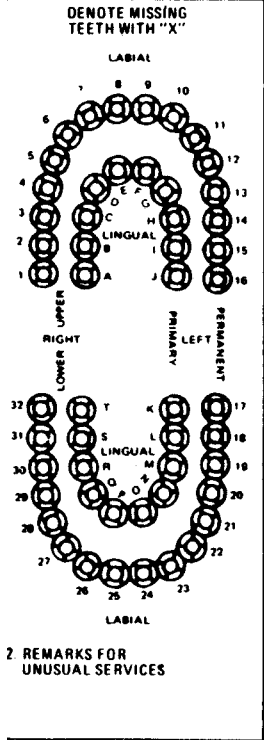


Table with 10 columns: TOOTH NO OR LETTER, SURFACE, DESCRIPTION OF SERVICE INCLUDING X-RAYS, PROPHYLAXIS, MATERIALS USED, ETC., DATE SERVICE PERFORMED, PROCEDURE NUMBER, FEE, NO. OF TIMES PERFORMED, ELIG. ACT., REPROC. CODE. Rows 1-20.

IF MORE LINES ARE NEEDED, PLEASE USE AN ADDITIONAL REPORT FORM(S) COMPLETING BOXES 1, 6, 7 AND 9 AT THE TOP OF THE FORM AND CHECK HERE.
HEREBY CERTIFY THAT THE PROCEDURE AS INDICATED BY DATE HAVE BEEN COMPLETED.

X SIGNED (DENTIST) DATE SIGNED
TOTAL FEE CHARGED NO. OF LINES
MY FEE HAS BEEN PAID
HAS NOT BEEN PAID

FOR OFFICE USE ONLY: PARTIC. STATUS, COB, ELIG. BYP, X-RAY, DDS BYP, EXAM, REMARKS, AVEE CODE, CORRESP. CODE, GROUP NO., AUTHORIZED SIGNATURE, ELIGIBILITY DATE

## DENTAL PROCEDURE REFERENCE LIST

This list of dental procedures (adapted from the American Dental Association Uniform Code on Dental Procedures and Nomenclature) is provided for reference in completing the claim form. All procedures listed are not covered by every plan. The applicable Group insurance contract or certificate may be consulted to determine service and benefits covered by any particular plan. Procedures not listed below should be reported in terms of the ADA uniform code or by a narrative description. Dentists please note: the lead zero (0) in the following ADA uniform codes has been omitted.

### DIAGNOSTIC SERVICES

- 0100 Clinical Oral Examination
- 0111 Initial oral examination with Blood Pressure
- 0121 Periodic oral examination with Blood Pressure
- 0210 Radiographs  
0210 Intraoral - complete series (including bitewings)
- 0215 Intraoral - complete series (without bitewings)
- 0220 Intraoral periapical - single, first film
- 0230 Intraoral periapical - each additional film
- 0231 2 or more additional periapicals
- 0235 Recall series radiographs
- 0240 Intraoral - occlusal film
- 0250 Extraoral - single, first film
- 0260 Extraoral - additional film
- 0270 Bitewing - single film
- 0272 Bitewings - two films
- 0273 Bitewings - three films
- 0274 Bitewings - four films
- 0290 Posteroanterior and lateral skull and facial bone survey film
- 0330 Panoramic-maxilla and mandible, film (with or without additional films)
- 0340 Cephalometric film
- 0460 Pulp vitality tests (each tooth)
- 0470 Diagnostic casts (upper and/or lower)

### PREVENTIVE SERVICES

- Dental Prophylaxis (Cleaning)
- 1110 Adults
- 1120 Children - to age 18
- Fluoride Treatments
- 1210 Topical application of sodium fluoride - per treatment
- 1220 Topical application of stannous fluoride - one treatment
- 1230 Topical application of acid fluoride phosphate - one treatment
- Space Maintenance Therapy
- 1510 Fixed - unilateral type
- 1515 Fixed - bilateral type
- 1520 Removable unilateral type
- 1525 Removable bilateral type

### RESTORATIVE SERVICES

- Amalgam Restorations
- 2110 Amalgam - one surface, deciduous
- 2120 Amalgam - two surfaces, deciduous
- 2130 Amalgams - three surfaces, deciduous
- 2131 Amalgam - four or more surfaces, deciduous
- 2140 Amalgam - one surface, permanent
- 2150 Amalgam - two surfaces, permanent
- 2160 Amalgam - three surfaces, permanent
- 2161 Amalgams - four or more surfaces, permanent
- 2190 Pin retention - exclusive of amalgam, first
- 2195 Pin retention, each additional (3 pins maximum)
- Silicate Restorations
- 2210 Silicate cement - one surface
- 2211 Silicate cement - two surfaces
- 2212 Silicate cement - three or more surfaces
- Acrylic or Plastic Restorations
- 2310 Acrylic or plastic - one surface
- 2311 Acrylic or plastic - two surfaces
- 2312 Acrylic or plastic - three or more surfaces
- 2330 Composite resin - one surface
- 2331 Composite resin - two surfaces
- 2332 Composite resin - three or more surfaces
- 2334 Pin retention - exclusive of composite resin
- 2335 Composite resin involving incisal angle
- 2340 Acid etch, per tooth
- Gold Inlay Restorations
- 2510 Inlay - gold, one surface
- 2520 Inlay - gold, two surfaces
- 2530 Inlay - gold, three or more surfaces
- 2540 Inlay - onlaying cusps (additional)
- Porcelain Restorations
- 2610 Inlay - porcelain
- Crowns - Single Restorations Only
- 2710 Plastic (acrylic) - Lab processed
- 2720 Plastic with gold
- 2721 Plastic with nonprecious metal
- 2722 Plastic with semiprecious metal
- 2740 Porcelain
- 2750 Porcelain with gold
- 2751 Porcelain with nonprecious metal
- 2752 Porcelain with semiprecious metal
- 2790 Gold (full cast)
- 2791 Nonprecious metal (full cast)

- 2792 Semiprecious metal (full cast)
- 2810 Gold (3/4 cast)
- 2830 Stainless Steel
- 2840 Temporary (fractured tooth)
- 2891 Cast post and core (in addition to crown)
- 2892 Steel post and composite or amalgam (in addition to crown)
- Other Restorative Services
- 2910 Recent inlays
- 2920 Recent crowns
- 2950 Crown buildups - pin retained amalgam
- 2955 Crown buildups - pin retained composite

### ENDODONTICS

- Pulp Capping
- 3110 Pulp cap - direct (excluding final restoration)
- 3120 Pulp cap - indirect (excluding final restoration)
- Pulpotomy
- 3220 Vital pulpotomy
- Root Canal Therapy
- 3310 One canal
- 3320 Two canals
- 3330 Three or more canals
- Periapical Services
- 3410 Apicoectomy - performed as separate surgical procedure (per tooth)
- 3420 Apicoectomy - performed in conjunction with endodontic procedure (per tooth)

### PERIODONTICS

- Surgical Services
- 4210 Gingivectomy or gingivoplasty - per quadrant
- 4211 Gingivectomy or gingivoplasty - per sextant
- 4212 Gingivectomy or gingivoplasty - per tooth
- 4220 Gingival curettage, soft tissue, per quadrant
- 4221 Gingival curettage, soft tissue, per sextant
- 4222 Gingival curettage, soft tissue, per tooth
- 4260 Osseous surgery (including flap entry and closure) per quadrant
- 4263 Osseous surgery (including flap entry and closure) per sextant
- 4264 Osseous surgery (including flap entry and closure) per tooth
- 4270 Pedicle soft tissue grafts
- 4271 Free soft tissue grafts (including donor site)
- 4272 Vestibuloplasty
- Adjunctive Periodontal Services
- 4330 Occlusal adjustment (limited)
- 4331 Occlusal adjustment (complete)
- 4340 Periodontal scaling and root planing, per treatment (Maximum 4 treatments per year)
- 4341 Periodontal scaling and root planing, fewer than 12 teeth, per treatment

### PROSTHODONTICS, REMOVABLE

- Complete Dentures
- 5110 Complete upper - permanent
- 5120 Complete lower - permanent
- 5130 Immediate upper - permanent
- 5140 Immediate lower - permanent
- Partial Dentures
- 5211 Upper - without clasps, acrylic base
- 5212 Lower - without clasps, acrylic base
- 5215 Upper - with two gold clasps and rests, acrylic base
- 5216 Upper - with chrome clasps and rests, acrylic base
- 5217 Lower - with two gold clasps and rests, acrylic base
- 5218 Lower - with chrome clasps and rests, acrylic base
- 5230 Lower - with gold lingual bar and two clasps, acrylic base
- 5231 Lower - with chrome lingual bar and two clasps, acrylic base
- 5240 Lower - with gold lingual bar and two clasps, cast base
- 5241 Lower - with chrome lingual bar and two clasps, cast base
- 5250 Upper - with gold palatal bar and two clasps, acrylic base
- 5251 Upper - with chrome palatal bar and two clasps, acrylic base
- 5260 Upper - with gold palatal bar and two clasps, cast base
- 5261 Upper - with chrome palatal bar and two clasps, cast base

- 5280 Removable unilateral partial denture - one piece gold casting, clasp attachments, including pontics
- 5281 Removable unilateral partial denture - one piece chrome casting, clasp attachments, including pontics
- Adjustments to Dentures
- 5410 Complete denture
- 5421 Partial denture (upper)
- 5422 Partial denture (lower)
- Repairs to Dentures
- 5610 Repair broken complete or partial denture - no teeth damaged
- 5620 Repair broken complete or partial denture - replace one broken tooth
- 5630 Replace additional teeth - each tooth
- 5640 Replace broken tooth on denture - no other repairs
- 5650 Adding tooth to partial denture to replace extracted tooth - first tooth (not involving clasp or abutment tooth)
- 5655 Each additional tooth -
- 5660 Adding tooth to partial denture to replace extracted tooth - each tooth (involving clasp or abutment tooth)
- 5665 Each additional tooth
- 5670 Reattaching damaged clasp on denture
- 5680 Replacing broken clasp with new clasp on denture
- 5690 Each additional clasp with rest
- 5695 Add clasp and rest when abutment tooth is extracted
- Denture Relining
- 5730 Relining upper or lower complete denture (office reline)
- 5740 Relining upper or lower partial denture (office reline)
- 5750 Relining upper or lower complete denture (laboratory)
- 5760 Relining upper or lower partial denture (laboratory)
- Other Prosthetic Services
- 5850 Tissue conditioning - upper
- 5851 Tissue conditioning - lower
- 5862 Overdenture, complete, upper
- 5863 Overdenture, complete, lower

### PROSTHODONTICS, FIXED

- Bridge Pontics
- 6210 Pontic - Cast gold
- 6211 Pontic - Cast nonprecious
- 6212 Pontic - Cast semiprecious
- 6220 Pontic - Slotted facing
- 6230 Pontic - Slotted pontic
- 6235 Pontic - Pin facing
- 6240 Pontic - Porcelain fused to gold
- 6241 Pontic - Porcelain fused to nonprecious metal
- 6242 Pontic - Porcelain fused to semiprecious metal
- 6250 Pontic - Plastic processed to gold
- 6251 Pontic - Plastic processed to nonprecious metal
- 6252 Pontic - Plastic processed to semiprecious metal
- Retainers
- 6520 Gold inlay - two surfaces
- 6530 Gold inlay - three or more surfaces
- 6540 Gold inlay - onlaying cusps, additional
- Repairs
- 6610 Replace broken pin facing with slotted or other facing
- 6640 Replace broken facing with acrylic
- 6650 Replace broken pontic
- Crowns
- 6710 Plastic (acrylic) - Lab processed
- 6720 Plastic processed to gold
- 6721 Plastic processed to nonprecious metal
- 6722 Plastic processed to semiprecious metal
- 6740 Porcelain
- 6750 Porcelain fused to gold
- 6751 Porcelain fused to semiprecious metal
- 6752 Porcelain fused to semiprecious metal
- 6780 Gold (3/4 cast)
- 6790 Gold (full cast)
- 6791 Nonprecious metal (full cast)
- 6792 Semiprecious metal (full cast)
- Other Prosthetic Services
- 6930 Cement bridge
- 6940 Stress breaker maximum (2 per denture)
- 6950 Precision attachment, maximum 2 per denture

### ORAL SURGERY

- Extractions
- 7110 First tooth, simple
- 7120 Each additional tooth, simple
- Surgical Extractions
- 7210 Extraction of tooth - erupted

- 7215 Extraction of tooth - erupted with general anesthesia, first
- 7216 Each additional tooth
- 7220 Impaction that requires incision of overlying soft tissue and the removal of the tooth
- 7230 Impaction that requires incision of overlying soft tissue, elevation of a flap, removal of bone, and the removal of the tooth
- 7240 Impaction that requires incision of the overlying soft tissue, elevation of the flap, removal of bone, and section of tooth for removal
- 7250 Root recovery (surgical removal of residual root)
- 7280 Surgical exposure of impacted or unerupted tooth for orthodontic reasons - including wire attachment when indicated - per tooth
- 7281 Surgical exposure of impacted or unerupted tooth to aid eruption - per tooth
- 7285 Biopsy of oral tissue (hard)
- 7286 Biopsy of oral tissue (soft)
- Alveoloplasty
- 7310 Per quadrant - in conjunction with extractions
- 7315 Per tooth
- 7320 Per quadrant - not in conjunction with extractions
- 7325 Per tooth area
- Surgical Incision
- 7510 Incision and drainage of abscess, intraoral
- 7520 Incision and drainage of abscess, extraoral
- Other Repair Procedures
- 7960 Frenulectomy - separate procedure (frenectomy or frenotomy)

### ORTHODONTICS

- Minor Treatment for Tooth Guidance
- Removal appliance therapy
- 8111 Insertion of appliance - removable
- 8112 Adjustment visits - removable
- Fixed or cemented appliance therapy
- 8121 Insertion of appliance - fixed
- 8122 Adjustment visits - fixed
- Minor Treatment to Control Harmful Habits
- Removal appliance therapy
- 8211 Insertion of appliance - removable
- 8212 Adjustment visits - removable
- Fixed or cemented appliance therapy
- 8221 Insertion of appliance - fixed
- 8222 Adjustment visits - fixed
- Interceptive Orthodontic Treatment
- Removal appliance therapy
- 8361 Insertion of appliance - removable
- 8362 Adjustment visits - removable
- Fixed appliance therapy
- 8371 Insertion of appliance - fixed
- 8372 Adjustment visits - fixed

### COMPREHENSIVE

#### ORTHODONTIC TREATMENT

- Treatment of the Transitional Dentition
- 8460 Class I malocclusion - insertion of appliance
- 8461 Active treatment
- 8462 Passive treatment
- 8470 Class II malocclusion - insertion of appliance
- 8471 Active treatment
- 8472 Passive treatment
- 8480 Class III malocclusion - insertion of appliance
- 8481 Active treatment
- 8482 Passive treatment
- Treatment of the Permanent Dentition
- 8560 Class I malocclusion - insertion of appliance
- 8561 Active treatment
- 8562 Passive treatment
- 8570 Class II malocclusion - insertion of appliance
- 8571 Active treatment
- 8572 Passive treatment
- 8580 Class III malocclusion - insertion of appliance
- 8581 Active treatment
- 8582 Passive treatment

### UNCLASSIFIED TREATMENT

- 9110 Palliative (emergency) treatment