eAssist Dental Solutions
Dental Zing
DENTAL EDUCATION, FROM A TO ZING

ADA Claim Form Guide

Boxes 1-23 for primary insurance submission

BOX 1

Claim for actual services or pre-determination?

Ensure primary claim is noted.

BOX 2

If you did not previously submit a predetermination for these services, Box 2 should be left blank.

BOX 3

Patient's primary insurance information*

**Verify that the primary subscriber information is correct.*

BOXES 4-11

Patient's secondary insurance information, if applicable*

**Verify that the secondary subscriber information is correct.*

BOXES 12-17

Primary policyholder's information*

**Verify that the complete name, address, date of birth, and ID #s match what the insurance company has on file.*

BOXES 18-23

Patient's information*

**Verify that the patient's information matches what the insurance company has on file.*

For additional support with clinical documentation, visit PracticeBooster.com

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ADA Claim Form Guide

Boxes 1-23 for secondary insurance submission

BOX 1

Claim for actual services or pre-determination?

BOX 2

If you did not previously submit a predetermination for these services, Box 2 should be left blank.

BOX 3

Patient's secondary insurance information*

**Verify that the primary subscriber information is correct.*

BOXES 4-11

Patient's primary insurance information*

**Verify that the secondary subscriber information is correct.*

BOXES 12-17

Secondary policyholder's information*

**Verify that the complete name, address, date of birth, and ID #s match what the insurance company has on file.*

BOXES 18-23

Patient's information*

**Verify that the patient's information matches what the insurance company has on file.*

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