

PATIENT ENCOUNTER FORM

Primary Enrollee Name (Last)										Self	Spouse	Child	Treatment Date:		
(First)					(M.I.)	NPI Number				Facility Number:					
Primary Enrollee ID Number					Group Number					Facility Name:					
Patient Name (Last)			(First)			(M.I.)	Date of Birth				Facility Address:				

SVC UNITS	PROC CODE	SERVICE	TOOTH NO.	CHARGES TO MEMBER	SVC UNITS	PROC CODE	SERVICE	TOOTH NO.	CHARGES TO MEMBER	SVC UNITS	PROC CODE	SERVICE	TOOTH NO.	CHARGES TO MEMBER	
D0100-D0999 DIAGNOSTIC					D3000-D3999 ENDODONTICS					D6000-D6999 PROSTHODONTICS (FIXED)					
	D0120	Periodic Oral Exam				D2970	Tempory Crown (fractured tth)				D5751	Rel Comp Lower Dtr			
	D0140	Limited Oral Evaluation				D2971	Construct Crown Under Partial				D5760	Rel Upper Prt Dtr			
	D0145	Oral Eval. <3 yrs old w/counseling				D2975	Coping				D5761	Rel Lower Prt Dtr			
	D0150	Comp. Oral Evaluation				D2					D5				
	D0180	Comp. Periodontal Eval.				D2					D5				
	D0210	Intraoral Comp. Series				D2					D5				
	D0220	Intraoral Periapical 1st				D3000-D3999 ENDODONTICS					D6000-D6999 PROSTHODONTICS (FIXED)				
	D0230	Intraoral Periap. Ea Add				D3110	Pulp Cap Direct/Exc Post				D6210	Pontic/Cast High Noble Metal			
	D0240	Intraoral Occlusal				D3120	Pulp Cap Ind/Exc Post				D6211	Pontic/Cast Base Metal			
	D0272	Bitewings—Two films				D3220	Therapeutic Pulpotomy				D6241	Pontic/Porcelain Base Metal			
	D0273	Bitewings—Three films				D3310	Root Canal 1 Canal				D6245	Pontic/Porcelain/Ceramic			
	D0274	Bitewings—Four films				D3320	Root Canal 2 Canals				D6545	Retainer-Cast Metal			
	D0330	Panoramic Film				D3221	Pulpal Debridement				D6548	Retainer-Porcelain/Ceramic			
	D0340	Cephalometric Film				D3222	Partial Pulpotomy				D6740	Crown/Porcelain/Ceramic			
	D0460	Pulp Vitality Test				D3330	Root Canal 3 Canals				D6751	Crown/Porcelain Base Metal			
	D0470	Diagnostic Casts				D3410	Apico/Anterior				D6791	Crown/Full Cast Base Metal			
D1000-D1999 PREVENTIVE					D4000-D4999 PERIODONTICS					D7000-D7999 ORAL SURGERY					
	D1110	Prophylaxis, Adult				D4210	Gingivectomy/4+ Tth/Quad	U-LL-UR-LR			D7111	Coronal Remnants Decid Tth			
	D1120	Prophylaxis, Child				D4240	Gin Flap Rt. Pt. 4+ Tth/Quad	U-LL-UR-LR			D7140	Ext. Erupted Tth/Exp Root			
	D1203	Topical Appl of Flouride Child				D4241	Gin Flap Rt. Pl. 1-3 Tth/Quad	U-LL-UR-LR			D7210	Surg Rem Erupted Tooth			
	D1206	Topical Appl of Flouride				D4260	Osseous Surg./4+ Tth/Quad	U-LL-UR-LR			D7220	Rem Tooth—Soft Tissue			
	D1204	Topical Appl of Flouride Adult				D4270	Pedicle Soft Tiss Graft	U-LL-UR-LR			D7230	Rem Tooth—Partial Bony			
	D1310	Nutritional Counseling				D4341	Scaling Rt. Pl./4+ Tth/Quad	U-LL-UR-LR			D7240	Rem Tooth—Compl Bony			
	D1330	Oral Hygiene Instruction				D4342	Scaling Rt. Pl. 1-3 Tth/Quad	U-LL-UR-LR			D7250	Surgical Rem Residual Roots			
	D1351	Sealant—Per Tooth				D4355	Full Mouth Debridement				D7310	Alveo in Conj Ext/Quad	U-LL-UR-LR		
	D15	Space Maintainer				D4					D7311	Alveo in Conj Ext/1-3 Tth	U-LL-UR-LR		
D2000-D2999 RESTORATIVE					D5000-D5999 PROSTHODONTICS (REMOVABLE)					D9000-D9999 ADJUNCTIVE GENERAL SERVICES					
	D2140	Amal 1 Surf-Prim/Perm				D5110	Complete Upper Denture				D9110	Palliative Treatment			
	D2150	Amal 2 Surf-Prim/Perm				D5120	Complete Lower Denture				D9215	Local Anesthesia			
	D2160	Amal 3 Surf-Prim/Perm				D5130	Immediate Upper Denture				D9310	Consultation			
	D2161	Amal 4/more Surf-Prim/Perm				D5140	Immediate Lower Denture				D9430	Office Visit			
	D2330	Resin 1 Surf-Anterior				D5211	Upper Partial—Acrylic				D9450	Case Pres Detailed Ext. Pln			
	D2331	Resin 2 Surf-Anterior				D5212	Lower Partial—Acrylic				D9920	Behavior Management			
	D2332	Resin 3 Surf-Anterior				D5213	Upper Partial—Cast				D9951	Occl Adj Limited			
	D2335	Resin 4 or More Surf-Ant				D5214	Lower Partial—Cast				D9952	Occl Adj Complete			
	D2390	Resin Comp Crown-Anterior				D5225	Upper Partial—Flexible				D9972	External Bleach/Arch			
	D2391	Resin Comp 1 Surf-Posterior				D5226	Lower Partial—Flexible				D9973	External Bleach/Tth			
	D2392	Resin Comp 2 Surf-Posterior				D5410	Adj Comp Dtr Upper				D9				
	D2393	Resin Comp 3 Surf-Posterior				D5411	Adj Comp Dtr Lower				D9				
	D2394	Resin Comp 4 Surf-Posterior				D5421	Adj Prt Dtr Upper				D9				
	D2712	Crown/ ¼ Resin Base Com				D5422	Adj Prt Dtr Lower				D9999	Failed Appointment			
	D2740	Crown/Porcelain				D5510	Repair Compl Dtr Base								
	D2751	Crown/Porcelain Base Metal				D5520	Repl Teeth Compl Dtr								
	D2781	Crown/ ¼ Cast Base Metal				D5610	Repair Resin Denture Base								
	D2791	Crown/Full Cast Base Metal				D5620	Repair Framework								
	D2794	Crown/Titanium				D5630	Repair/Replace Clasp								
	D2799	Provisional Crown				D5640	Replace Broken Tooth Ea								
	D2915	Recement Cast Post and Core				D5650	Add Tooth to Exist Part I Dtr								
	D2920	Recement Crown				D5710	Rebase Comp Upper Dtr								
	D2930	Pref. Stain Crown/Prim Tth				D5711	Rebase Comp Lower Dtr								
	D2940	Sedative Filling				D5750	Rel Comp Upper Dtr								
	D2950	Crown Buildup Inc Pins													
	D2951	Pin Ret In Add To Rest/Ea													
	D2952	Cast Post and Core													
	D2954	Prefab Post and Core													

INSTRUCTIONS FOR COMPLETING THE PATIENT ENCOUNTER FORM

Please complete all necessary information. Blank lines are available so you may write in any procedure code not preprinted on the form.

1. Refer to the eligibility list to complete the top portion of the form.
2. Document every procedure. Examples: local anesthesia, consultation and behavior management.
3. List all procedures initiated and /or completed at a given visit on one form.
4. Use one line per procedure. Submit only one patient encounter form for procedures which require more than one service date. If more than one amalgam, crown, etc. is completed, use blank lines, including applicable tooth number.
5. Include benefit plan copayments and fee-for service charges (if optional treatments) in the copay column. Leave blank if no charge.
6. Submit to DeltaCare as completed not later than the first week of the month following treatment.
7. Do not fold individually when mailing.

Any encounter form with missing information (such as tooth#, SSN, etc.)
will be sent back to your office.

Mail all completed forms directly to:

DeltaCare[®] USA

Attn: Encounter Processing
P.O. Box 1810
Alpharetta, GA 30023