

Primary Enrollee Last Name:	Treatment Date:
Primary Enrollee Middle Initial:	Group Number:
Primary Enrollee First Name:	Facility Number:
Primary Enrollee ID:	Facility Name:
Self, Spouse or Child:	Facility Address:
Patient Name:	
Patient Date of Birth:	NPI Number:

SVC Units	Proc Code	Service	Tooth Number	Tooth Surface	Charges to Member	SVC Units	Proc Code	Service	Tooth Number	Tooth Surface	Charges to Member
DIAGNOSTIC						OTHER RESTORATIVE SERVICES (CONTINUED)					
	D0120	Periodic Oral Eval					D2950	Core Buildup			
	D0140	Limited Oral Eval					D2951	Pin Retention			
	D0150	Comprehensive Eval					D2954	Post and Core			
	D0210	Intraoral – Complete				ENDODONTICS					
	D0220	Intraoral Periapical 1st					D3220	Pulpotomy			
	D0230	Intraoral Periap. Ea Add					D3310	Anterior RCT			
	D0272	Bitewings – Two images					D3320	Bicuspid RCT			
	D0274	Bitewings – Four images				PERIODONTICS					
	D0330	Panoramic Image					D4341	Root Planing/Quad.			
	D0601	Caries Risk Asses – low					D4342	Root Planing 1-3 Teeth			
	D0602	Caries Risk Asses – mod.					D4355	Full Mouth Debridement			
	D0603	Caries Risk Asses – high				PROSTHODONTICS (REMOVABLE)					
PREVENTIVE SERVICES							D5110	Upper Denture			
	D1110	Prophylaxis, Adult					D5120	Lower Denture			
	D1120	Prophylaxis, Child					D5213	Partial Upper Denture			
	D1208	Fluoride					D5214	Partial Lower Denture			
	D1351	Sealant/Tooth				PROSTHODONTICS, FIXED					
AMALGAM RESTORATIONS							D6240	Pontic – PFG			
	D2140	Amalgam – 1 Surface					D6750	Crown – PFG			
	D2150	Amalgam – 2 Surface					D6930	Recement Crown – FPD			
	D2160	Amalgam – 3 Surface				ORAL SURGERY					
	D2161	Amalgam – 4 Surface					D7111	Extraction – c.rem/dec tooth			
RESIN RESTORATIONS							D7140	Extraction – Erupted Tooth			
	D2330	Resin – 1 Surface					D7210	Surgical Extraction			
	D2331	Resin – 2 Surface				ADJUNCTIVE GENERAL SERVICES					
	D2332	Resin – 3 Surface					D9110	Palliative Treatment			
	D2335	Resin – 4 Surface/Angle					D9430	Office Visit			
	D2391	Post Composite 1				ADDITIONAL PROCEDURES					
	D2392	Post Composite 2									
	D2393	Post Composite 3									
	D2394	Post Composite 4									
CROWNS-SINGLE RESTORATIONS											
	D2750	Crown/Porcelain High Mtl									
	D2930	Stainless Steel Crown									
OTHER RESTORATIVE SERVICES											
	D2920	Recement Crown									
	D2940	Protective Restoration									

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. Do not fold individually when mailing.

Any encounter form with missing information (such as tooth #, enrollee ID, 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