**Preventive/Diagnostic Benefits:**

- **Diagnostic:**
  - Percentage: ___
  - FM Debridement: [4355]
- **Diagnostic FMX:**
  - Percentage: ___
- **Diagnostic BWX:**
  - Percentage: ___
  - Perio Maint: [4910]
- **Diagnostic PA:**
  - Percentage: ___
  - Oral Surgery:
- **Sealants:**
  - Percentage: ___
  - Frequency: ___
  - Simple Ext: [7111, 7140]
- **Space Maint:**
  - Percentage: ___
  - Frequency: ___
  - Endo:
- **Limited Eval:**
  - Percentage: ___
  - Frequency: ___
  - Restorative: ___
  - Frequency: ___
  - ViziLite: [0431]
- **Posterior Crowns:**
  - Alt. Benefit (Downgraded)?: [Yes] [No]
  - Covered at Amalgam Rate (downgraded): [Yes] [No]

**Basic Benefits:**

- **Perio:**
  - Surg: ___
  - Non-Surg: ___
- **Build Ups, P&C:** [2950, 52.54]
- **Prosthetics:**
- **Repairs:**
- **Relines:**
- **Removable:**
- **Fixed:**
- **Palliative:** [9110]
- **GA:** [9220/21]
- **Nitrous:** [9230]
- **IV:** [9241]
- **Bleaching:** [9972, 73, 74]
- **Veneers:**
  - Not Cov’d: [Yes] [No]
  - Cov’d: ___

**Major & Misc. Benefits:**

- **Major:**
  - Percentage: ___
  - Crowns: ___
- **Sealants:**
  - Age limit: ___
  - Frequency: ___
  - ViziLite: [0431]
  - Age: ___
  - Frequency: ___

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### Procedure Limitations

- **Exams:** [0120]
  - 1/6 months: [Yes] [No]
  - 2/year: [Yes] [No]
  - Other: __________________________
  - Date of last Exam: ________________
- **FMX (0210) / Pan (0330):**
  - 1/6 months: [Yes] [No]
  - 12/6 months: [Yes] [No]
  - Other: __________________________
  - Date of last FMX: ________________
- **Bitewings:** [0272, 0274]
  - 1/6 months: [Yes] [No]
  - 1/12 months: [Yes] [No]
  - 1/year: [Yes] [No]
  - 2/year: [Yes] [No]
  - Other: __________________________
  - Date of last BWX: ________________
- **Prophy (1110, 1120):**
  - 1/6 months: [Yes] [No]
  - 2/year: [Yes] [No]
  - Age Limit: _____________________
  - Other: __________________________
  - Date of last Prophy: ________________
- **Fluoride:** [1203, 1204, 1206]:
  - Yes: [Yes] [No]
  - Age limit: ___
  - Frequency: ___
  - ViziLite: [0431]
  - Age: ___
  - Frequency: ___
- **Sealants:** [1351]
  - Yes: [Yes] [No]
  - Age limit(s): ___
  - Teeth Covered: ___
- **Root Planing:** [4341, 4342]
  - # Quads/Day: ___
  - every ___ month(s) ___ year(s)

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### Other Info to include:

- Additional lab fee included on certain codes:
  - [Yes] [No]
- Frequency:
  - [□] [□] 10 years
  - [□] [□] 1/6 months
  - [□] [□] 1/12 months
  - [□] [□] 1/year
  - [□] [□] 2/year
  - [□] [□] 1/3 months
  - [□] [□] 4/year

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**Additional Comments:**