VERIFYPRO

Insurance Verification

Northbridge Family Dental · VR–4F8A2C

Patient Name	DOB	Member ID
Ava Rivera	04/22/2011	W12345678902
Subscriber	**Subscriber DOB**	**Effective Date**
Jordan Rivera	03/12/1988	01/01/2024

Last FMX or PAN	Last Exam	Last Hygiene
D0210 09/15/2024	D0150 09/15/2024	D1110 –
D0330 –	D0120 03/10/2026	D1120 03/10/2026
D0274 03/10/2026	D0140 –	D4341 –
D0272 –		D4342 –
		D4910 –

Insurance	Plan	Payor ID
Delta Dental of California	Delta Dental PPO	94276
Phone	**Group #**	**Calendar/Contract**
(800) 555-0142	01234-0001	Calendar Year
Address		**Employer**
P.O. Box 997330, Sacramento, CA 95899		Northbridge Technologies
Plan Type	**COB / Secondary Ins.**	
PPO	None on file	

Cal/Fiscal Max	Amt Used YTD	Deductible · Individual	Deductible · Family	Deductible Met
$1,500	$340	$50	$150	Yes · $50 met

Maximum Applies To	Deductible Applies To
Basic & Major	Basic & Major

Preventative	Basic	Major	Perio	Endo	Oral Surgery	Pay on
100%	80%	50%	80%	80%	D7140 D7210 80%/80%	Seat date

Provider Contract	OON / COB	Missing Tooth Clause	Waiting Period
In-network · Delta PPO	Standard COB	Yes · teeth missing before effective date	None

SERVICE	COVERAGE	FREQUENCY
D0210 FMX ↳ shared w/ D0330	100%	1 per 5 yrs
D0330 Pano ↳ shared w/ D0210	100%	1 per 5 yrs
D0274 BWX	100%	1 per 12 mo
D0220 PA	100%	As needed
D1110 Prophy	100%	2 per benefit yr
D0120 Periodic Exam ↳ shared w/ D0150	100%	2 per benefit yr
D0140 Limited Exam	100%	1 per 12 mo
✎ Counts toward the exam frequency		
D0150 Comp Exam ↳ shared w/ D0120	100%	1 per 36 mo
D4341 Perio SRP	80%	1 per 24 mo per quad
All quads same day?	No · 2 quads per visit	
D4910 Perio Maintenance	80%	4 per benefit yr
Waiting period for D4910 following D4341?	No waiting period	
D4355 Debridement	80%	1 per lifetime
D4346 Severe Gingival	80%	1 per 12 mo
D1206 D1208 Fluoride	100%	2 per benefit yr · through age 18 ✓ qualifies (age 15)
D1351 Sealants	100%	1 per tooth per 36 mo · through age 16 ✓ qualifies (age 15)
✎ Permanent molars only · #3, #14 paid 03/2026		

SERVICE	COVERAGE	FREQ & LIMITS
D9944 Night guard	⊘ N/C	—
D2140 Amalgam 1 surface	80%	1 per 24 mo per tooth
D2740 Crown No Metal	Covered	
D2750 Crown with metal	50%	1 per 5 yrs per tooth
✎ Pre-authorization recommended over $500		
D2950 Core Buildup	50%	With crown only
Crown replacement	1 per 5 yrs	
Removable prosthetic replacement	1 per 5 yrs	
D5110 Full Upper	50%	1 per 5 yrs
D6010 D6013 Implants	50%	1 per tooth per lifetime
✎ Missing tooth clause applies		
D6056 D6057 Abutment	50%	1 per 5 yrs
D6058 D6065 Implant Crown	50%	1 per 5 yrs
D6111 D6114 Overdenture	50%	1 per 5 yrs
D7953 Bone Graft	⊘ N/C	—

Posterior Comps Downgrade?	Yes · downgraded to amalgam on molars

ORTHODONTICS — D8090 50%

Maximum	Deductible	Age Limit
$1,500	None	Through age 19
Lifetime or Yearly	**Payment**	**Pre-Auth Required?**
Lifetime	Paid quarterly over treatment	Recommended

Benefits confirmed on the Delta Dental provider portal 09/03/2026 6:38 AM and by phone with rep Maria T., ref #DDC-4488-21. Annual max resets 01/01. Sealants on #3 and #14 paid 03/2026. Ortho consult scheduled 09/2026; pre-authorization recommended before banding.

Verified by Maria Torres · Sep 3, 2026, 6:41 AM