ENCOUNTER FORM FOR AETNA MANAGED DENTAL PLANS

1. PATIENT LAST NAME | PATIENT FIRST NAME | M.I. | 2. RELATIONSHIP TO EE: SELF SPOUSE CHILD | 3. PATIENT BIRTHDAY

4. EMPLOYEE LAST NAME | EMPLOYEE FIRST NAME | M.I. | 5. EMPLOYEE SOCIAL SECURITY NO.

6. I AUTHORIZE THE RELEASE OF ALL NECESSARY TREATMENT RECORDS TO AETNA TO PAY BENEFITS DIRECTLY TO THE PROVIDER OF SERVICE.

SIGNED (PATIENT OR PARENT IF MINOR) DATE

7. DENTIST LAST NAME: ROCH | DENTIST FIRST NAME: DONALD | M.I.: R | 8. OFFICE CODE: 111980

9. DENTIST PHONE NUMBER: 6104495055 | 10. OFFICE T.I.N.: 232294988 | 11. TREATMENT DATE

I HEREBY CERTIFY THAT THE PROCEDURES AS INDICATED BY DATE HAVE BEEN COMPLETED AND THAT THE COPAY REPRESENTS THE ACTUAL COPAY COLLECTED OR INTENDED TO COLLECT.

TREATING DENTIST'S SIGNATURE DATE

NUMBER OF TIMES	TOOTH NO. OR QUAD ID	DESCRIPTION OF SERVICE	PROCEDURE NUMBER	APPROVED FEE	COPAY COLLECTED	NUMBER OF TIMES	TOOTH NO. OR QUAD ID	DESCRIPTION OF SERVICE	PROCEDURE NUMBER	APPROVED FEE	COPAY COLLECTED
		Periodic Examination Evaluation	D0120					Resin, 3 surface anterior	D2332		
		Oral Evaluation, problem focused	D0140					Resin, 4 surface or incisal angle	D2335		
		Comprehensive Oral Evaluation	D0150					Crown, porc high noble	D2750		
		Exam Problem Focus- Extensive	D0160					Crown, porc/metal	D2751		
		Comprehensive Perio Evaluation	D0180					Crown, porc/noble	D2752		
		Full mouth x-ray	D0210					Crown, high noble	D2790		
		Intraoral x-ray	D0220					Recement crown	D2920		
		Intraoral x-ray, additional	D0230					Crown buildup	D2950		
		Intraoral occlusal x-ray, each	D0240					Prefab post/core	D2954		
		Bitewing x-ray, single film	D0270					Root Canal - Anterior	D3310		
		Bitewing x-ray, two films	D0272					Root Canal - Bicuspid	D3320		
		Bitewing x-ray, four films	D0274					Root Canal - Molar	D3330		
		Vertical Bitewings, 7-8 films	D0277					Scaling & Root Planing, per quad	D4341		
		Panoramic x-ray	D0330					Scaling & Root Planing, 1-3 teeth	D4342		
		Pulp Vitality Tests	D0460					Full Upper Denture	D5110		
		Diagnostic Casts	D0470					Full Lower Denture	D5120		
		Prophylaxis - adult	D1110					Upper Partial Denture	D5213		
		Prophylaxis - child	D1120					Lower Partial Denture	D5214		
		Fluoride treatment - child	D1203					Pontic, Porc/high noble	D6240		
		Fluoride treatment - adult	D1204					Pontic, Porc/metal	D6241		
		Oral hygiene instructions	D1330					Pontic, Porc/noble	D6242		
		Sealant - per tooth	D1351					Abutment, Porc/high noble	D6750		
		Space Maintainers Fixed - unilateral	D1510					Abutment, Porc/metal	D6751		
		Amalgam, 1 surface	D2140					Abutment, Porc/noble	D6752		
		Amalgam, 2 surfaces	D2150					Extraction, Erupted or exposed root	D7140		
		Amalgam, 3 surfaces	D2160					Extraction, surgical	D7210		
		Amalgam, 4 or more surfaces	D2161					Emergency Palliative	D9110		
		Resin, 1 surface anterior	D2330								
		Resin, 2 surface anterior	D2331								

MAIL TO PROVIDER SUPPORT: Aetna Dental Encounters, P.O. Box 14530, Lexington, KY 40512