DELTA DENTAL®

PATIENT ENCOUNTER FORM
DELTACARE

SEND FORM TO:
Delta Dental of Illinois
DeltaCare
P.O. Box 3178 • Lisle, IL 60532
(800) 942-3772

ELECTRONIC CLAIMS:
Payor Name: DeltaCare
IL DHMO Encounters
Payor ID: DCILD

Primary Enrollee Name (Last)

(First) (M.I.)

Relationship to Primary Enrollee: Self 0 | Spouse 1 | Child 2

Date of Birth of Patient: / /

Treatment Date: / /

Primary Enrollee ID Number

Facility Number

Facility Name

Patient Name (Last Name) (First Name) (Middle Initial)

Plan Number

SVC UNITS	PROC CODE	SERVICE	TOOTH NO.	CHARGES TO MEMBER
		D0100-D0999 DIAGNOSTIC		
	D0120	Periodic Oral Exam		
	D0140	Limited Oral Evaluation		
	D0145	Oral Eval. <3 yrs. old w/counseling		
	D0150	Comp. Oral Evaluation		
	D0180	Comp. Periodontal Eval.		
	D0210	Intraoral Comp. Series		
	D0220	Intraoral Periapical 1st		
	D0230	Intraoral Perfiap. Ea Add		
	D0240	Intraoral Occlusal		
	D0272	Bitewings - Two Films		
	D0273	Bitewings - Three Films		
	D0274	Bitewings - Four Films		
	D0330	Panoramic Film		
	D0340	Cephalometric Film		
	D0460	Pulp Vitality Test		
	D0470	Add Diagnostic Casts		
		D1000-D1999 PREVENTIVE		
	D1110	Prophylaxis, Adult		
	D1120	Prophylaxis, Child		
	D1203	Topical Appl of Fluoride, Child		
	D1206	Topical Appl of Fluoride		
	D1203	Topical Appl of Fluoride, Adult		
	D1310	Nutritional Counseling		
	D1330	Oral Hygiene Instruction		
	D1351	Sealant, Per Tooth		
	D15	Space Maintainer		
		D2000-D2999 RESTORATIVE		
	D2140	Amal 1 Surf Prim/Perm		
	D2150	Amal 2 Surf Prim/Perm		
	D2160	Amal 3 Surf Prim/Perm		
	D2161	Amal 4/more Surf Prim/Perm		
	D2330	Resin 1 Surf-Anterior		
	D2331	Resin 2 Surf-Anterior		
	D2332	Resin 3 Surf-Anterior		
	D2335	Resin 4 or More Surf-Anterior		
	D2390	Resin Comp Crown-Anterior		
	D2391	Resin Comp 1 Surf-Posterior		
	D2392	Resin Comp 2 Surf-Posterior		
	D2393	Resin Comp 3 Surf-Posterior		
	D2394	Resin Comp 4 Surf-Posterior		
	D2712	Crown/ 3/4 Resin Base Com		
	D2740	Crown/Porcelain		
	D2751	Crown/Porcelain Base Metal		
	D2781	Crown/ 3/4 Cast Base Metal		
	D2791	Crown/Full Cast Base Metal		
	D2794	Crown/Titanium		
	D2799	Provisional Crown		
	D2915	Recement Cast Post and Core		
	D2920	Recement Crown		
	D2930	Pref. Stain Crown/Prim Tth		
	D2940	Sedative Filling		
	D2950	Crown Buildup Inc Pins		
	D2951	Pin Ret In Add to Rest/Ea		
	D2952	Cast Post and Core		
	D2954	Prefab Post and Core		
	D2970	Temporary (fractured tth)		
	D2971	Construct Crown Under Partial		
	D2975	Coping		
	D2			
		D3000-D3999 ENDODONTICS		
	D3110	Pulp Cap Direct/Exc Post		
	D3120	Pulp Cap Ind/Exc Post		
	D3220	Therapeutic Pulpotomy		
	D3221	Pulpal Debridement		
	D3222	Partial Pulpotomy		
	D3310	Root Canal 1 Canal		
	D3320	Root Canal 2 Canals		
	D3330	Root Canal 3 Canals		
	D3410	Apico/Anterior		
	D3421	Apico/Bicuspid (1st Root)		
	D3425	Apico/Molar (1st Root)		
	D3426	Apico/Ea. Additional Root		
	D3430	Retrograde Filling		
	D3920	Hemisection		
	D3			
	D3			
		D4000-D4999 PERIODONTICS		
	D4210	Gingivectomy/4+ Tth/Quad		
	D4240	Gin Flap Rt. Pl. 4+ Tth/Quad		
	D4241	Gin Flap Rt. Pl. 1-3 Tth/Quad		
	D4260	Osseous Surg/4+ Tth/Quad		
	D4270	Pedicle Soft Tiss Graft		
	D4341	Scaling Rt. Pl./4+ Tth/Quad		
	D4342	Scaling Rt. Pl./1-3 Tth/Quad		
	D4355	Full Mouth Debridement		
	D4			
		D5000-D5999 PROSTHODONTICS (REMOVABLE)		
	D5110	Complete Upper Denture		
	D5120	Complete Lower Denture		
	D5130	Immediate Upper Denture		
	D5140	Immediate Lower Denture		
	D5211	Upper Partial - Acrylic		
	D5212	Lower Partial - Acrylic		
	D5213	Upper Partial - Cast		
	D5214	Lower Partial - Cast		
	D5225	Upper Partial - Flexible		
	D5226	Lower Partial - Flexible		
	D5410	Adj Comp Dtr Upper		
	D5411	Adj Comp Dtr Lower		
	D5421	Adj Prt Dtr Upper		
	D5422	Adj Prt Dtr Lower		
	D5510	Repair Compl Dtr Base		
	D5520	Repl Teeth Compl Dtr		
	D5610	Repair Resin Denture Base		
	D5620	Repair Framework		
	D5630	Repair/Replace Clasp		
	D5640	Replace Broken Tooth Ea		
	D5650	Add Tooth to Exist Part'l Dtr		
	D5710	Rebase Comp Upper Dtr		
	D5711	Rebase Comp Lower Dtr		
	D5750	Rel Comp Upper Dtr		
	D5751	Rel Comp Lower Dtr		
	D5760	Rel Upper Prt Dtr		
	D5761	Rel Lower Prt Dtr		
	D5			
	D5			
	D5			
	D5			
		D6000-D6999 PROSTHODONTICS (FIXED)		
	D6210	Pontic/Cast High Noble Metal		
	D6211	Pontic/Cast Base Metal		
	D6241	Pontic/Porcelain Base Metal		
	D6245	Pontic/Porcelain/Ceramic		
	D6545	Retainer-Cast Metal		
	D6548	Retainer-Porcelain/Ceramic		
	D6751	Crown/Porcelain Base Metal		
	D6791	Crown/Full Cast Base Metal		
	D6930	Recement Bridge		
	D6970	Cast Post and Core		
	D6972	Prefab Post and Core		
	D6			
	D6			
	D6			
		D7000-D7999 ORAL SURGERY		
	D7111	Coronal Remnants Decid Tth		
	D7140	Ext Erupted Tth/Exp Root		
	D7210	Surg Rem Erupted Tooth		
	D7220	Rem Tooth - Soft Tissue		
	D7230	Rem Tooth - Partial Bony		
	D7240	Rem Tooth - Compl Bony		
	D7250	Surgical Rem Residual Roots		
	D7310	Alveo in Conj Ext/Quad	UL-LL-UR-LR	
	D7311	Alveo in Conj Ext/1-3 Tth	UL-LL-UR-LR	
	D7320	Alveo not in Conj Ext/Quad	UL-LL-UR-LR	
	D7321	Alveo not in Conj Ext/1-3 Tth	UL-LL-UR-LR	
	D7510	Inc and Drain Abscess Intraoral	UL-LL-UR-LR	
	D7			
	D7			
	D7			
	D7			
		D9000-D9999 ADJUNCTIVE GENERAL SERVICES		
	D9110	Palliative Treatment		
	D9215	Local Anesthesia		
	D9310	Consultation		
	D9430	Office Visit		
	D9450	Case Pres Detailed Ext. Pin		
	D9920	Bahavior Management		
	D9951	Occl Adj. Limited		
	D9952	Occl Adj. Complete		
	D9972	External Bleach/Arch		
	D9973	External Bleach/Tth		
	D9			
	D9			
	D9			
	D9999	Failed Appointment		