

MaxCovered

Insurance Benefit Verified Report

Report ID: SAMPLE-IBR-001
Verified: May 4, 2026, 9:15 AM PDT
Delivered: Not yet delivered

SAMPLE REPORT - FOR REVIEW ONLY

PATIENT Avery Morgan DOB 03-14-1979 - Age 47	PROVIDER Bright Harbor Dental	PAYER Aetna Dental	PLAN PPO Member: SAMPLE-7429
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Benefit Opportunities

PRO / BWX / EX 2x/year	FMX Eligible now 1x every 3 years	PERIO MAINT 2x/year 80% covered	DOWNGRADE ALERT Crown downgrade applies
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Coverage Snapshot

INSURANCE Aetna Dental BH-2026	COVERAGE TIER 100 / 80 / 50	ORTHO / FL Ortho: 50% to age 18 FL: 2x/year to age 19	NG Not covered
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Key Numbers

Annual Max \$4,500 Plan annual maximum	Used / Available Amount \$500 / \$4,000 \$500 used - \$4,000 available	Benefit Year Ends Dec 31, 2026 New benefit year starts Jan 1, 2027	Deductible Remaining \$50 NOT MET Patient deductible status
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Doctor's Specific Questions

SPECIFIC QUESTIONS	VERIFIED PAYER RESPONSES
Is crown D2740 covered on tooth #30?	Covered at major level when frequency and documentation requirements are met.
What was the date tooth #30 crown was placed, and how long ago was it?	Tooth #30 crown was placed on 02/11/2023 - about 3 years, 3 months ago.

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Important Limitations

STATUS	ITEM	RESULT
VERIFIED	Replacement Frequency	1 per tooth every 5 years
VERIFIED	Missing Tooth Clause	Verify before implant/bridge planning
VERIFIED	Alternate Benefit / Downgrade Clause	May downgrade to PFM reimbursement - Confirm before estimate
VERIFIED	Verification status	NOTE: Include crown narrative and radiographs with claim.

Coverage at a Glance

Preventive 100%	Basic 80%	Endodontics 80%	Periodontics 80%	Oral Surgery 80%	Major 50%	Orthodontics Not included
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Summary

SUMMARY

Avery Morgan has \$4,000 available from a \$4,500 annual maximum, with major restorative care listed at 80% coverage subject to plan provisions.

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Insurance Benefit Verified - Reference Detail / REFERENCE DETAIL

LABEL	VALUE
Patient	Avery Morgan
Date of birth	03-14-1979
Payer	Aetna Dental
Plan type	PPO
Member ID	SAMPLE-7429
Group number	BH-2026
Benefit year ends	Dec 31, 2026

PLAN PROVISIONS

Annual maximum	\$4,500	Deductible	\$50 individual
Deductible status	Not Met	Preventive coverage	100%
Basic coverage	80%	Major coverage	80%
Waiting period	None reported		

OFFICE OPERATIONS SUMMARY

PREVENTIVE FREQUENCIES	PERIO + ELIGIBILITY	DOWNGRADES / ALT BENEFITS	AGE LIMITS + EXCLUSIONS
Adult prophylaxis: 2 per benefit year Periodic oral evaluation: 2 per benefit year Bitewings: Verify frequency before scheduling	Perio maintenance: Verify frequency after active FMX: Confirm last FMX date Crown replacement: Confirm prior placement date	Zirconia / all-ceramic crown: May downgrade to PFM Posterior composite: May downgrade to amalgam Alternate benefit clause: Verify before final	Fluoride: Verify age limit Orthodontics: Not included Dependents: Verify dependent restrictions

VERIFICATION & AUDIT TRAIL

Benefits were verified from sample payer-response data prepared for external review. This sample is intended to demonstrate report structure, claim-support details, and office-facing usefulness.

FREQUENCIES & LIMITATIONS - MOST USED CODES

CDT	PROCEDURE	FREQUENCY	COVERAGE
D0120	Periodic oral evaluation	2 per benefit year	100%
D1110	Adult prophylaxis	2 per benefit year	100%
D2740	Porcelain ceramic crown	1 per tooth every 5 years	80.0%

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CDT	PROCEDURE	FREQUENCY	COVERAGE
D2950	Core build-up	Payable with documentation	Verify