AI CLAIM SUBMISSION PRE-CHECK

Practice: _____ Date: _____

Prepared by: _____

SECTION A: PATIENT INFORMATION

Patient Name: _____ Date: _____

Prepared by: _____

SECTION B: REQUIRED ATTACHMENTS

- ☐ Perio chart included
- ☐ X-rays attached
- ☐ Narrative completed
- ☐ Supporting documentation scanned / uploaded

Notes: _____

SECTION C: NARRATIVE KEYWORDS

- ☐ "Bone loss evident" (for SRP)
- ☐ "Pocketing ≥5mm" (if applicable)
- ☐ Specific site/tooth numbers documented
- ☐ Dates of prior treatment included (if relevant)

Notes: _____

continued...

SECTION D: FINAL MANAGER REVIEW

- ☐ Claim matches CDT codes
- ☐ All documents are legible
- ☐ Audit completed before submission

Manager Initials: _____ Date: _____

SIGN-OFF

Manager: _____ Doctor: _____ Date: _____

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