

DENTAL CLAIM FORM

Transaction Type: Statement of Actual Service Request for Predetermination/Preauthorization Pre-Determination/PreAuth # _____

MEMBER	
Member ID#	DOB
Name (Last, First, MI, Suffix)	
Employer	Plan/Group #
Address	
City	
State	Zip

TREATMENT AND ANCILLARY INFORMATION
Place of Treatment: <input type="checkbox"/> Provider's Office <input type="checkbox"/> Hospital <input type="checkbox"/> Emergency Care Facility
Treatment Resulting From: <input type="checkbox"/> Occupational Injury/Illness <input type="checkbox"/> Other Accident <input type="checkbox"/> Routine <input type="checkbox"/> Auto Accident Accident Date: _____ Accident State: _____
Number of Enclosures (0 - 99): Radiograph(s): _____ Oral Image(s): _____ Model(s): _____ Charting: _____
Treatment for Orthodontics: Placement Date: _____ Months Remaining: _____
Treatment for Prosthesis: Initial Placement <input type="checkbox"/> Yes Placement Date: _____ <input type="checkbox"/> No If no, date of initial placement: _____ Complete missing tooth#(s) below

PATIENT	
Last, First, MI, Suffix	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to Member	DOB
	Student <input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER INSURANCE INFORMATION			
Other Coverage: <input type="checkbox"/> Dental <input type="checkbox"/> Medical	In the Name of: (Last, First, MI, Suffix)		
Relationship to Member	DOB	Gender	Covered ID#
Other Insurance Company Name & Address		City	State ZIP
Is other coverage primary? <input type="checkbox"/> If yes, please attach other coverage Explanation of Benefit (EOB)			

SERVICES																																
Mark Missing Tooth Number(s) with an (X)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T												
Procedure Date	Oral Cavity Area	Tooth # / Letter	Tooth Surface	Diagnostic Code(s)	Procedure Code	Description	Fee																									

Remarks:	Total Fee
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PROVIDER INFORMATION			
Treating Provider Name (Last, First, MI, Suffix)		Billing Provider Name (Last, First, MI, Suffix)	
Provider NPI#	License/Other ID #	Provider NPI#	License/Other ID #
Specialty Code	Phone #	Provider SSN/TIN#	Phone #
Address		Address	
City		City	
State	Zip	State	Zip

I hereby certify that the procedures as indicated by the date are in progress (for procedures that require multiple visits) or have been completed. Treating Provider Signature: _____ Date: _____

AUTHORIZATIONS	
I have been informed of the treatment plan and associated fees. I agree to be responsible for charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim.	I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the named dentist or dental entity.
Patient - Guardian Signature: _____ Date: _____	Member Signature: _____ Date: _____

FRAUD WARNINGS

Before filing your claim, please read carefully the fraud warning for the state where you reside, the state where services were provided, and the state where your insurance plan is based.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Arizona: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Indiana: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided by RSA 638.20

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NEW MEXICO: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty, not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of, and files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such a person to criminal and civil penalties.

Puerto Rico: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Tennessee: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, or a denial of insurance benefits.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of crime and may be subject to fines and confinement in state prison.

Virginia: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, or a denial of insurance benefits.

Arkansas, Louisiana, Massachusetts, Rhode Island & West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Oregon & Vermont: Any person who knowingly presents a false statement of claim for insurance may be guilty of a criminal offense and subject to penalties under state law.

Any other states not specifically mentioned above: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such a person to criminal and civil penalties. To the extent any state laws may differ we will comply.