



## DENTAL CLAIM FORM

PAR	T 1 D	ENTI	ST			UNIQUI	E NO.   SPEC.   PAT	IENT'S OFFICE ACC	NT'S OFFICE ACCOUNT NO.			I HEREBY ASSIGN MY BENEFITS PAYABLE FROM THIS CLAIM TO THE NAMED DENTIST AND				
													O HIM/HER			
P A					D E											
T I					N T											
E N					S											
T							T PHONE NO.					SIGNATURE OF SUBSCRIBER				
EOD DE	NITICT'C	LICE ON	V EOD ADDITIO	ONAL INEODA	AATION		I UNDERSTAND THAT THE FEES LISTED IN THIS CLAIM MAY NOT BE COVERED BY OR MAY EXCEED MY PLA							EED MV DI AN		
FOR DENTIST'S USE ONLY – FOR ADDITIONAL INFORMATION, DIAGNOSIS, PROCEDURES OR SPECIAL CONSIDERATION							BENEFITS. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE TO MY DENTI TREATMENT.									
						1	I ACKNOWLEDGE THAT THE TOTAL FEE OF \$ IS ACCURATE AND HAS BEEN CHARGED TO ME FOR SERVICES RENDERED. I AUTHORIZE RELEASE OF THE INFORMATION CONTAINED IN THIS CLAIM FORM TO									
							MY INSURING COMPA			IE INFORM	ATION CON	TAINED	IN IIIIS V	LAIM FORM TO		
							SIGNATURE OF PATIENT (PARENT/GUARD						ENT/GHAPDIAN)			
										31	IONATORE	OI TATIL	ZNI (FAK	ENT/GUARDIAN)		
DUPLICATE FORM																
				ı			OFFICE VERIFICATION	N/DENTIST'S SIGNA	ATURE							
DATE OF SERVICE		PROCEDURE CODE	INT'L. TOOTH	TOOTH SURFACES	DENTIS FEE		Y TOTAL CHARGES			FOR CARRIER USE						
DAY MO. YR.		CODE						ALLOWED A	MOLDE	INC.   %   PATIENT			ENTER OHADE			
									ALLOWED AN		INC.	INC. % PATI		ENT'S SHARE		
									CHEQUE NO.			DATE				
				<del>                                     </del>			DEDUCT	DEDUCTIBLE PATIENTS PAYS PLAN PAYS								
			STATEMENT OF S						CLAIM NO.							
PERFORMED AND THE TOTAL FEE DUE AND PAYABLE, E & O.E.  TOTA						OTAL FEE SUBMITTED										
PAR	T 2 –	EMP	LOYEE / P	LAN MI	EMBER /	SUBSC	CRIBER									
1. GROUP POLICY / PLAN NO DIVISION / SECTION NO 2. YOUR NAME (PLEASE PRINT)																
EMPI	OYER							YOUR CERTIFIC OR S.I.N. OR I.D.								
NAME																
NAME OF INSURING AGENCY OR PLAN YOUR DATE OF BIRTH DAY MONTH YEAR																
	E OF INSU	JRING A	GENCY OR PLAN					YOUR DATE OF		MONTH	YEAR	_				
			GENCY OR PLAN					YOUR DATE OF		MONTH	YEAR	_				
PAR	<b>T 3 –</b> ENT: RE	PATI LATION	ENT INFO	RMATI(				3. IS ANY TRE	DAY  ATMENT REQUIF	RED AS THE	E RESULT	S				
PAR	T 3 – ENT: RE	PATI LATION AN MEM	ENT INFO SHIP TO EMPLOY BER/ SUBSCRIBE	RMATI(				3. IS ANY TRE	DAY  ATMENT REQUIF DENT? IF YES, G	RED AS THE	E RESULT		NO □	YES 🗆		
PAR	T 3 – ENT: RE PLA	PATI LATION AN MEM TE OF B	ENT INFO SHIP TO EMPLOY BER/ SUBSCRIBEI IRTH DAY	RMATION TO THE PROPERTY OF THE	ON //EAR			3. IS ANY TRE OF AN ACCI SEPARATEL	ATMENT REQUIF DENT? IF YES, G	RED AS THE	E RESULT AND DETAIL			YES 🗖		
PAR	T 3 – ENT: RE PLA DA	PATI LATION AN MEM TE OF BI	ENT INFO SHIP TO EMPLOY BER/ SUBSCRIBEI IRTH DAY DICATE	RMATION THE STUDENT TO	ON  ZEAR  HANDIG	CAPPED [		3. IS ANY TRE OF AN ACCI SEPARATEL 4. IF DENTURE	DAY  ATMENT REQUIF DENT? IF YES, G	RED AS THE	E RESULT AND DETAIL	PLACEM	ENT? LACEMEN	т _		
PAR	T 3 – ENT: RE PLA DA	PATI LATION AN MEM TE OF BI	ENT INFO SHIP TO EMPLOY BER/ SUBSCRIBEI IRTH DAY	RMATION THE STUDENT TO	ON  ZEAR  HANDIG			3. IS ANY TRE OF AN ACCI SEPARATEL 4. IF DENTURE GIVE DATE	ATMENT REQUIF DENT? IF YES, G Y E, CROWN OR BR OF PRIOR PLACE	RED AS THE IVE DATE A IDGE, IS TH EMENT ANI	E RESULT AND DETAIL HIS INITIAL O D REASON F	PLACEM OR REPI	ENT? LACEMEN NO 🎞	т _		
PAR	T 3 – ENT: REEPLA DA IFC	PATI LATION AN MEM TE OF BI THILD IN	ENT INFO SHIP TO EMPLOY, BER/ SUBSCRIBEI IRTH DAY DICATE T, INDICATE SCHOOL	RMATIO	ON  /EAR  HANDIG			3. IS ANY TRE OF AN ACCI SEPARATEL 4. IF DENTURE GIVE DATE	DAY  ATMENT REQUIF DENT? IF YES, GO Y  E, CROWN OR BR	RED AS THE IVE DATE A IDGE, IS TH EMENT ANI	E RESULT AND DETAIL HIS INITIAL O D REASON F	PLACEM OR REPI	ENT? LACEMEN NO 🎞	YES 🗖		
PAR  1. PATI	T 3 –  ENT: RE PL/  DA  IFC  IF S	PATI LATION AN MEM TE OF BI CHILD IN STUDENT	ENT INFO SHIP TO EMPLOY, BER/ SUBSCRIBE IRTH DAY DICATE T, INDICATE SCHO D. NO.	RMATIO	ON  /EAR  HANDIG			3. IS ANY TRE OF AN ACCI SEPARATEL 4. IF DENTURE GIVE DATE 5. IS ANY TRE	ATMENT REQUIF DENT? IF YES, G Y E, CROWN OR BR OF PRIOR PLACE	RED AS THE IVE DATE A IDGE, IS TH EMENT ANI RED FOR OF	E RESULT AND DETAIL  IIS INITIAL  O REASON F	PLACEM OR REPI	ENT? LACEMEN NO  DSES? NO  DSES?	YES 🗖		
PAR  1. PATI	T 3 –  ENT: RE PL/ DA  IFC  IF S  PA'  ANY DE	PATI LATION AN MEM TE OF BI CHILD IN STUDEN TIENT I.I	ENT INFO SHIP TO EMPLOY, BER/ SUBSCRIBE IRTH DAY DICATE T, INDICATE SCHO D. NO.	EE/ MONTH STUDENT COL	ON  /EAR  HANDIG	Y OTHER (		3. IS ANY TRE OF AN ACCI SEPARATEL 4. IF DENTURI GIVE DATE 5. IS ANY TRE 6. I AUTHORIZ REQUESTEL ADMINISTRA	ATMENT REQUIRED TO THE RELEASE DE THE RELEASE DE TOR AND CERT.	RED AS THE IVE DATE A IDGE, IS TH MENT ANI RED FOR OF OF ANY IN THIS CLAIM	E RESULT AND DETAIL  IIS INITIAL  REASON F  RTHODONT  FORMATION M TO THE IN THE INFORM	PLACEM FOR REPL IC PURPO N OR REP INSURER IATION (	ENT? LACEMEN NO  DSES? NO  CORDS / PLAN GIVEN IS	YES 🗖		
PAR  1. PATI  2 ARE OR D	T 3 –  ENT: RE PL/ DA  IFC  IF S  PA'  ANY DE ENTAL I	PATI LATION AN MEM TE OF BI CHILD IN STUDEN' TIENT I.I	ENT INFO SHIP TO EMPLOY BER/ SUBSCRIBEI IRTH DAY DICATE T, INDICATE SCHO D. NO. ENEFITS OR SERV	EE/ R MONTH STUDENT  DOOL	ON  ZEAR  HANDIG  DED UNDER AN  NO	Y OTHER (	GROUP INSURANCE	3. IS ANY TRE OF AN ACCI SEPARATEL 4. IF DENTURI GIVE DATE 5. IS ANY TRE 6. I AUTHORIZ REQUESTEL ADMINISTRA	ATMENT REQUIDENT? IF YES, GOOD ATMENT REQUIRED THE RELEASE OF RESPECT OF	RED AS THE IVE DATE A IDGE, IS TH MENT ANI RED FOR OF OF ANY IN THIS CLAIM	E RESULT AND DETAIL  IIS INITIAL  REASON F  RTHODONT  FORMATION M TO THE IN THE INFORM	PLACEM FOR REPL IC PURPO N OR REP INSURER IATION (	ENT?  ACEMEN  NO   DSES?  NO   CORDS  / PLAN GIVEN IS  WLEDGE	YES 🗆		
PAR  1. PATI  2 ARE OR D POLI	T 3 –  ENT: RE PL/ DA  IFC  IF S  ANY DE  DENTAL F  CY NO.	PATI LATION AN MEM TE OF BI CHILD IN STUDENT FIENT LI NTAL BI PLAN, W	ENT INFO SHIP TO EMPLOY. BER/ SUBSCRIBEI IRTH DAY DICATE T, INDICATE SCHOOL. D. NO. ENEFITS OR SERV. C.B. OR GOV'T PI	EE/ MONTH STUDENT DOOL VICES PROVIE LAN DOUSE DATE O	ON  ZEAR HANDIG  DED UNDER AN NO OF BIRTH	Y OTHER (	GROUP INSURANCE S 🗖	3. IS ANY TRE OF AN ACCI SEPARATEL 4. IF DENTURI GIVE DATE 5. IS ANY TRE 6. I AUTHORIZ REQUESTEL ADMINISTR. TRUE, CORR	ATMENT REQUIRED TO THE RELEASE OF ATOR AND COMPLECT AND C	RED AS THE IVE DATE A IDGE, IS TH EMENT ANI RED FOR OF OF ANY IN THIS CLAIN FIY THAT T. ETE TO TH	E RESULT AND DETAIL  IIS INITIAL!  O REASON F  RTHODONT!  FORMATIO!  M TO THE IN  THE INFORM  E BEST OF !	PLACEM OR REPI IC PURPO N OR RE ISTION ( MY KNO DATE	ENT?  ACEMEN  NO   DSES?  NO   CORDS  / PLAN GIVEN IS  WLEDGE	YES 🗖		
PAR  1. PATI  2 ARE OR D POLI	T 3 –  ENT: RE PL/ DA  IFC  IF S  ANY DE  DENTAL F  CY NO.	PATI LATION AN MEM TE OF BI CHILD IN STUDENT FIENT LI NTAL BI PLAN, W	ENT INFO SHIP TO EMPLOY BEEK SUBSCRIBEI IRTH	EE/ MONTH STUDENT DOOL VICES PROVIE LAN DOUSE DATE O	ON  ZEAR HANDIG  DED UNDER AN NO OF BIRTH	Y OTHER (	GROUP INSURANCE S 🗖	3. IS ANY TRE OF AN ACCI SEPARATEL 4. IF DENTURI GIVE DATE 5. IS ANY TRE 6. I AUTHORIZ REQUESTEL ADMINISTR. TRUE, CORR	ATMENT REQUIRED TO THE RELEASE DE THE RELEASE DE TOR AND CERT.	RED AS THE IVE DATE A IDGE, IS TH EMENT ANI RED FOR OF OF ANY IN THIS CLAIN FIY THAT T. ETE TO TH	E RESULT AND DETAIL  IIS INITIAL!  O REASON F  RTHODONT!  FORMATIO!  M TO THE IN  THE INFORM  E BEST OF !	PLACEM OR REPI IC PURPO N OR RE ISTION ( MY KNO DATE	ENT?  ACEMEN  NO   DSES?  NO   CORDS  / PLAN GIVEN IS  WLEDGE	YES 🗆		
PAR  1. PATI  2 ARE OR D. POLI NAM	T 3 –  ENT: RE PL/ DA  IFC  IF S  ANY DE DENTAL F  CY NO	PATI LATION AN MEM TE OF BI SHILD IN STUDEN FIENT LI NTAL BI PLAN, W HER INS	ENT INFO  SHIP TO EMPLOY, BER/ SUBSCRIBE  IRTH  DAY  DICATE  ST., INDICATE SCHO  D. NO.  ENEFITS OR SERV  C.B. OR GOV'T PI  SPO  URING AGENCY C	EE/ MONTH STUDENT DOOL VICES PROVIDE LAN DOUSE DATE COOR PLAN	ON  VEAR  HANDIO  DED UNDER AN  NO  OF BIRTH  PLOYER	y other o	GROUP INSURANCE S 🗖	3. IS ANY TRE OF AN ACCI SEPARATEL 4. IF DENTURI GIVE DATE 5. IS ANY TRE 6. I AUTHORIZ REQUESTEE ADMINISTRATRUE, CORR	ATMENT REQUIRED TO THE PRIOR PLACE  ATMENT REQUIRED TO THE RELEASE OF RESPECT OF ATOR AND CERT. ECT AND COMPLETE FEMPLOYEE / PL	RED AS THE EVE DATE A  IDGE, IS THE MENT ANI  RED FOR OF OF ANY IN THIS CLAIN HEY THAT T ETE TO TH	E RESULT AND DETAIL  IIS INITIAL  D REASON F  RTHODONTI  FORMATIOI M TO THE IN THE INFORM E BEST OF I	PLACEM OR REPI IC PURPO N OR REG ISURER ISURER ISUREN MY KNO DATE	ENT?  ACEMEN  NO D  DSES?  NO CORDS  (PLAN  GIVEN IS  WLEDGE  DAY	YES 🗆		
PAR  1. PATI  2 ARE ORD POLI NAM	T 3 –  ENT: RE PL/ DA  IFC  IF S  ANY DE DENTAL H  CY NO E OF OTI	PATI LATION AN MEM TE OF BI CHILD IN STUDENT FIENT I.I NTAL BI PLAN, W HER INS	ENT INFO SHIP TO EMPLOY BER/ SUBSCRIBEI IRTH DAY DICATE ST, INDICATE SCHO D. NO. ENEFITS OR SERV C.B. OR GOV'T PI SPO URING AGENCY CO	RMATIO EE/ R MONTH NOTE OF THE CONTROL VICES PROVIDE AN OUSE DATE CONTROL	ON  VEAR  HANDIG  DED UNDER AN  NO  OF BIRTH	Y OTHER (	GROUP INSURANCE S 🗖	3. IS ANY TRE OF AN ACCI SEPARATEL 4. IF DENTURI GIVE DATE 5. IS ANY TRE 6. I AUTHORIZ REQUESTEE ADMINISTRATIVE, CORR	ATMENT REQUIRED TO THE PRIOR PLACE  ATMENT REQUIRED TO THE RELEASE OF RESPECT OF ATOR AND CERT. ECT AND COMPLETE FEMPLOYEE / PL	RED AS THE EVE DATE A  IDGE, IS THE MENT ANI  RED FOR OF OF ANY IN THIS CLAIN HEY THAT T ETE TO TH	E RESULT AND DETAIL  IIIS INITIAL  D REASON F  RTHODONTI  FORMATION  M TO THE IN  HE INFORM  E BEST OF I	PLACEMOR REPLACE PURPORT OF PU	ENT? LACEMEN NO D DSES? NO D CORDS / PLAN GIVEN IS WLEDGE DAY	YES   YES   MONTH YEAR		
PAR  1. PATI  2. ARE OR D POLI NAM	T 3 –  ENT: RE PL/ DA  IFC  IF S  ANY DE DENTAL H  CY NO.  IE OF OTI  T 4 –	PATI LATION AN MEM TE OF BI CHILD IN STUDENT FIENT I.I NTAL BI PLAN, W HER INS	ENT INFO  SHIP TO EMPLOY, BER/ SUBSCRIBE  IRTH  DAY  DICATE  ST., INDICATE SCHO  D. NO.  ENEFITS OR SERV  C.B. OR GOV'T PI  SPO  URING AGENCY C	EE/ MONTH STUDENT DOOL VICES PROVIDE LAN DOUSE DATE COOR PLAN	ON  VEAR  HANDIO  DED UNDER AN  NO  OF BIRTH  PLOYER	y other o	GROUP INSURANCE S   COMPLETIO	3. IS ANY TRE OF AN ACCI SEPARATEL 4. IF DENTURI GIVE DATE 5. IS ANY TRE 6. I AUTHORIZ REQUESTEE ADMINISTRATIVE, CORR	ATMENT REQUIRED TO THE PRIOR PLACE  ATMENT REQUIRED TO THE RELEASE DIN RESPECT OF ATMENT AND CERT. ECT AND COMPLETE THE PRIOR PLACE OF THE PRIOR PLACE OF THE REPORT OF THE PRIOR PLACE OF THE PLACE OF THE PLACE OF THE PRIOR PLACE OF THE P	RED AS THE EVE DATE A  IDGE, IS THE MENT ANI  RED FOR OF OF ANY IN THIS CLAIN HEY THAT T ETE TO TH	E RESULT AND DETAIL  IIIS INITIAL  D REASON F  RTHODONTI  FORMATION  M TO THE IN  HE INFORM  E BEST OF I	PLACEMOR REPLACE PURPORT OF PU	ENT?  ACEMEN  NO D  DSES?  NO CORDS  (PLAN  GIVEN IS  WLEDGE  DAY	YES   YES   MONTH YEAR		