

PART 1 INSTRUCTIONS FOR THE EMPLOYEE/SUBSCRIBER

1. Complete questions 1 through 14 of the form answering every question. (Please Print)
2. Sign the form where indicated.
3. Take the form to your dentist on your first visit. The form will be completed by your dentist and sent to the Insurance Company.
4. When the form is returned to the dentist by the Insurance Company, you must make appointments for treatment. Treatment must be completed as soon as possible after you are certified eligible for coverage.

PART 2 and 3 INSTRUCTIONS FOR THE DENTIST

1. On the front of this form indicate, on the chart provided, all treatment to be performed.
2. Indicate on this chart all missing teeth with an "X" and all abutments with an "O".
3. Opposite the chart in the space provided, describe procedures necessary to fully complete treatment of this case using one line for each operation or restoration, and give the fee for **each** procedure. X-RAYS MUST BE ITEMIZED. (If additional space is required, use a separate sheet.)
4. X-rays, when necessary, must accompany this claim form. (Duplicates are acceptable.) Preoperative X-rays for extraction of impacted teeth are required. Postoperative X-rays for completed root canal treatment and filling are required.
5. In the event of an extraction of an impacted tooth, designate the type of impaction (tissue, partial bone, complete bone).

SEND THE CLAIM TO THE ADDRESS SHOWN ON THE FRONT OF THE FORM AT TOP **BEFORE PERFORMING ANY SERVICES WHICH ARE NOT EMERGENCIES**. IF THE PATIENT IS ELIGIBLE, THIS FORM, WITH THE ELIGIBILITY CERTIFIED HEREON, WILL BE RETURNED TO YOU SO THAT YOU MAY MAKE APPOINTMENTS FOR TREATMENT. WHEN THE FORM IS RETURNED TO YOU, THE BENEFITS PAYABLE FOR THE PROCEDURES LISTED WILL BE SHOWN IN THE FAR RIGHT HAND COLUMN (AMOUNT CERTIFIED). THESE BENEFITS WILL BE PAID ACCORDING TO THE PLAN'S SCHEDULE OF ALLOWANCES AND LIMITATIONS, FOR SERVICES PERFORMED WITHIN THE NUMBER OF DAYS CERTIFIED ELIGIBLE ON FRONT.

AFTER THE FORM IS RETURNED TO YOU, SHOW THE DATE THAT EACH SERVICE IS PERFORMED IN THE BOX PROVIDED. **AT COMPLETION OF TREATMENT**, SIGN THE FORM (AT BOTTOM) AND RETURN IT TO THE ADDRESS SHOWN ON THE FRONT OF THE FORM AT TOP.

