

Please print

PART 1 DENTIST. Includes fields for patient details, dentist information, and a declaration of benefits assignment.

Table with 7 columns: DATE OF SERVICE, PROCEDURE CODE, INTL. TOOTH CODE, TOOTH SURFACES, DENTIST'S FEE, LABORATORY CHARGE, TOTAL CHARGES.

INSTRUCTIONS: All claims under this group benefits plan are submitted through the plan member. Includes 4 numbered steps for claim submission.

TOTAL FEE SUBMITTED. THIS IS AN ACCURATE STATEMENT OF SERVICES PERFORMED AND THE TOTAL FEE DUE AND PAYABLE, E. & O.E.

PART 2 EMPLOYEE INFORMATION. Includes fields for Plan No., Division No., Employee Identification No., Employee name, and address.

PART 3 COORDINATION OF BENEFITS. Includes questions 1-8 regarding patient relationship, other insurance, and accident details.