

## **INSTRUCTIONS FOR FILING DENTAL CLAIMS**

### **INSTRUCTIONS TO EMPLOYEE**

Complete Part 1 in full (please type or print).  
Incomplete information may delay servicing of your claim.

Give this form to your dentist after you have completed Part 1.

If services will exceed \$300 you may request your dentist to submit a Pre-Determination Estimate to the Claim Department. The Claim Department will advise your dentist and yourself what the Plan will pay.

### **INSTRUCTIONS TO DENTISTS OFFICE:**

Complete the Dentists portion of the claim form.

Have the employee sign the payment authorization block if payment is to be made directly to your office and forward original to the address shown on reverse.

If you are requesting a Pre-Determination of plan benefits, retain a copy of the Dental Claim Notice you have forwarded. Your office, and the employee will receive an explanation of benefits from the claim department. After the services have been performed, forward a copy of the Dental Claim Notice to the address shown on the reverse indicating the dates of service and any changes in the services originally reported.

