

Dental Claim Form

HEADER INFORMATION]									
Type of Transaction (Mark all applicable boxes) Statement of Actual Services Request for Predetermination/Preauthorization EPSDT/Title XIX															
Predetermination/Preauthorization Number					POLICYHOLDER/SUBSCRIBER INFORMATION (For Insurance Company Named in #3)										
INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION										Last, First, Middl	,		. ,	,	
			TION			Ł									
3. Company/Plan Name, Address, City, State, Zip Code TruAssure Insurance Co. P.O. Box 4495 Lisle, IL 60532						13. Date of Birth (MM/DD/CCYY) 14. Gender 15. Policyholder/Subscriber ID (SSN or ID#)									
OTHER COVERAGE (Mark applicable box and complete items 5-11. If none, leave blank.)							. Plan/Group	Numbe	r	17. Employer Na					
4. Dental? Medical? (If both, complete 5-11 for dental only.)						L				. ,					
Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)							PATIENT INFORMATION								
C Date of Dish (MM/DD/CCVVV) 7 Conder						18. Relationship to Policyholder/Subscriber in #12 above 19. Reserved For Future Use Self Spouse Dependent Child Other									
6. Date of Birth (MM/DD/CCYY) 7. Gender 8. Policyholder/Subscriber ID (SSN or ID#)						20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code									
9. Plan/Group Number	1														
11. Other Insurance Company/De	Ł														
11. Other insurance Company/De	illai bellelli Fiali Nai	ne, Address, (ony, Stat	e, zip code											
						21.	21. Date of Birth (MM/DD/CCYY) 22. Gender 23. Patient ID/Account # (Assigned to the content of						signed by Dentist)		
RECORD OF SERVICES PRO	VIDED									'					
(MM/DD/CCYY) c	24. Procedure Date (MM/DD/CCYY) 25. Area of Oral Cavity System 27. Tooth or Let									30. De	80. Description			31. Fee	
2															
3															
4															
6															
7															
8															
9															
10		in the second of the A			Code List Qua							—			
33. Missing Teeth Information (Plate 1 2 3 4 5 6 7	llifier	[] (ICD	0-9 = B;	ICD-10 = AE	3)		31	a. Other Fee(s)							
32 31 30 29 28 27 26 2	8 9 10 11 12 5 24 23 22 21			a. Diagnosis rimary diagno	osis in "A") B										
35. Remarks						<u> </u>	IOU LA DV	21. 4.184		NT INFORMATION					
AUTHORIZATIONS 36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all 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										NT INFORMATI		ital)	20 En	closures (Y or N)	
							(Use "Place of Service Codes for Professional Claims")								
my protected health information to carry out payment activities in connection with this claim. X Reticat/Cuerdian Standture						L	No (Skip 41-42) Yes (Complete 41-42)						41. Date Appliance Placed (MM/DD/CCYY)		
Patient/Guardian Signature Date 37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the help a payment dentity or dental patity.							42. Months of Treatment 43. Replacement of Prostheses 44. Date Prior Placement (MM/DD/CCYY) Remaining No								
the below named dentist or dental entity.							45. Treatment Resulting from Occupational illness/injury Auto accident Other accident								
Subscriber Signature Date							46. Date of Accident (MM/DD/CCYY) 47. Auto Accident State								
BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting						TREATING DENTIST AND TREATMENT LOCATION INFORMATION									
claim on behalf of the patient or insured/subscriber.) 48. Name, Address, City, State, Zip Code						. I hereby cer quire multiple			ures as indicated n completed.	by date ar	e in pro	gress (for pro	cedures that		
						XSigned (Treating Dentist) Date									
												ense Number			
49. NPI 50. License Number 51. SSN or TIN						56.	56. Address, City, State, Zip Code 56a. Provider Specialty Code								
49. NPI	50. License Numb	ei 	51.5	OIN OF FIN											
52. Phone Number () – 52a. Additional Provider ID							57. Phone Number () – 58. Additional Provider ID								

DO NOT SUBMIT THIS PAGE WITH YOUR CLAIM SUBMISSION.

ADA American Dental Association®

America's leading advocate for oral health

The following information highlights certain form completion instructions. Comprehensive ADA Dental Claim Form completion instructions are printed in the CDT manual. Any updates to these instructions will be posted on the ADA's web site (ADA.org).

GENERAL INSTRUCTIONS

- A. The form is designed so that the name and address (Item 3) of the third-party payer receiving the claim (insurance company/dental benefit plan) is visible in a standard #9 window envelope (window to the left). Please fold the form using the 'tick-marks' printed in the margin.
- B. Complete all items unless noted otherwise on the form or in the CDT manual's instructions.
- C. Enter the full name of an individual or a full business name, address and zip code when a name and address field is required.
- D. All dates must include the four-digit year.
- E. If the number of procedures reported exceeds the number of lines available on one claim form, list the remaining procedures on a separate, fully completed claim form.

COORDINATION OF BENEFITS (COB)

When a claim is being submitted to the secondary payer, complete the entire form and attach the primary payer's Explanation of Benefits (EOB) showing the amount paid by the primary payer. You may also note the primary carrier paid amount in the "Remarks" field (Item 35). There are additional detailed completion instructions in the CDT manual.

DIAGNOSIS CODING

The form supports reporting up to four diagnosis codes per dental procedure. This information is required when the diagnosis may affect claim adjudication when specific dental procedures may minimize the risks associated with the connection between the patient's oral and systemic health conditions. Diagnosis codes are linked to procedures using the following fields:

Item 29a - Diagnosis Code Pointer ("A" through "D" as applicable from Item 34a)

Item 34 – Diagnosis Code List Qualifier (B for ICD-9-CM; AB for ICD-10-CM)

Item 34a - Diagnosis Code(s) / A, B, C, D (up to four, with the primary adjacent to the letter "A")

PLACE OF TREATMENT

Enter the 2-digit Place of Service Code for Professional Claims, a HIPAA standard maintained by the Centers for Medicare and Medicaid Services. Frequently used codes are:

11 = Office; 12 = Home; 21 = Inpatient Hospital; 22 = Outpatient Hospital; 31 = Skilled Nursing Facility; 32 = Nursing Facility

The full list is available online at "www.cms.gov/PhysicianFeeSched/Downloads/Website_POS_database.pdf"

PROVIDER SPECIALTY

This code is entered in Item 56a and indicates the type of dental professional who delivered the treatment. The general code listed as "Dentist" may be used instead of any of the other codes.

Category / Description Code	Code			
Dentist A dentist is a person qualified by a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.) licensed by the state to practice dentistry, and practicing within the scope of that license.	122300000X			
General Practice	1223G0001X			
Dental Specialty (see following list)	Various			
Dental Public Health	1223D0001X			
Endodontics	1223E0200X			
Orthodontics	1223X0400X			
Pediatric Dentistry	1223P0221X			
Periodontics	1223P0300X			
Prosthodontics	1223P0700X			
Oral & Maxillofacial Pathology	1223P0106X			
Oral & Maxillofacial Radiology	1223D0008X			
Oral & Maxillofacial Surgery	1223S0112X			

Provider taxonomy codes listed above are a subset of the full code set that is posted at "www.wpc-edi.com/codes/taxonomy"

DO NOT SUBMIT THIS PAGE WITH YOUR CLAIM SUBMISSION.

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

STATE SPECIFIC FRAUD NOTICES

ALASKA LAW REQUIRES US TO NOTIFY YOU OF THE FOLLOWING: 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.

ARKANSAS LAW REQUIRES US TO NOTIFY YOU OF THE FOLLOWING: 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.

ARIZONA LAW REQUIRES US TO NOTIFY YOU OF THE FOLLOWING: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

CALIFORNIA LAW REQUIRES US TO NOTIFY YOU OF THE FOLLOWING: 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 LAW REQUIRES US TO NOTIFY YOU OF THE FOLLOWING: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA LAW REQUIRES US TO NOTIFY YOU OF THE FOLLOWING: 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 in false information materially related to a claim was provided by the applicant.

DELAWARE STATE LAW REQUIRES US TO NOTIFY YOU OF THE FOLLOWING: 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.

FLORIDA LAW REQUIRES US TO NOTIFY YOU OF THE FOLLOWING: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

IDAHO LAW REQUIRES US TO NOTIFY YOU OF THE FOLLOWING: Any person who knowingly, and with intent to defraud any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony. INDIANA LAW REQUIRES US TO NOTIFY YOU OF THE FOLLOWING: 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.

THE COMMONWEALTH OF KENTUCKY REQUIRES US TO NOTIFY YOU OF THE FOLLOWING: 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.

LOUISIANA LAW REQUIRES US TO NOTIFY YOU OF THE FOLLOWING: 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 quilty of a crime and may be subject to fines and confinement in prison.

THE STATE OF MARYLAND REQUIRES US TO NOTIFY YOU OF THE FOLLOWING: 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.

MAINE LAW REQUIRES US TO NOTIFY YOU OF THE FOLLOWING per title 24-A Section 2186 (3): 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 denial of insurance benefits.

MINNESOTA LAW REQUIRES US TO NOTIFY YOU OF THE FOLLOWING: 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 LAW REQUIRES US TO NOTIFY YOU OF THE FOLLOWING: 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 in section 638:20.

NEW JERSEY STATE LAW REQUIRES US TO NOTIFY YOU OF THE FOLLOWING: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

OHIO STATE LAW REQUIRES US TO NOTIFY YOU OF THE FOLLOWING: 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 LAW REQUIRES US TO NOTIFY YOU OF THE FOLLOWING: WARNING: Any person who knowingly, and with any intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON LAW REQUIRES US TO NOTIFY YOU OF THE FOLLOWING: 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 may be guilty of insurance fraud.

THE COMMONWEALTH OF PENNSYLVANIA REQUIRES US TO NOTIFY YOU OF THE FOLLOWING: 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 person to criminal and civil penalties.

RHODE ISLAND LAW REQUIRES US TO NOTIFY YOU OF THE FOLLOWING: 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.

TENNESSEE STATE LAW REQUIRES US TO NOTIFY YOU OF THE FOLLOWING: 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 and denial of insurance benefits.

TEXAS LAW REQUIRES US TO NOTIFY YOU OF THE FOLLOWING: 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.

THE COMMONWEALTH OF VIRGINIA REQUIRES US TO NOTIFY YOU OF THE FOLLOWING: 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, and denial of insurance benefits.

THE STATE OF WASHINGTON REQUIRES US TO NOTIFY YOU OF THE FOLLOWING: 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 and denial of insurance benefits.

THE STATE OF WEST VIRGINIA REQUIRES US TO NOTIFY YOU OF THE FOLLOWING: 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.