Dental Claim Form and Instructions

PLEASE DO NOT SUBMIT THIS FORM FOR PRECERTIFICATION.
PRECERTIFICATIONS ARE NOT REQUIRED FOR YOUR DENTAL POLICY. If you have any questions about completing this form, call us at 855-323-4750 7:00 A.M. to 6:00 P.M. Central Standard Time.

INSTRUCTIONS FOR FILING DENTAL CLAIMS

• All claims must be submitted on an American Dental Association (ADA) Claim Form: a form is attached to these instructions.
• Please ask your dentist’s office to complete the entire form. Blank fields will cause the claim processing to be delayed. We must have the following information:
  ○ The policyowner’s Dental policy number.
  ○ The policyowner’s complete name as it appears on the Dental Plan ID card.
  ○ The patient’s full name, sex, date of birth and relationship to the policyowner.
  ○ The treatment date, tooth or surface, ADA code and charge for each procedure.
  ○ The patient’s Social Security Number.
• You may fax your claim to us at 317-284-7281.
• You may mail your claim to: Time Insurance Company
  P.O. Box 3252
  Milwaukee, WI 53201-3252
1. Dentist’s pre-treatment estimates
2. Medicaid Claim
3. Carrier Name
4. Carrier Address
5. City
6. State
7. ZIP
8. Patient Name
9. Address
10. City
11. State
12. Date of Birth
13. Patient ID # / SSN #
14. Sex
15. Phone Number
16. ZIP Code
17. Relationship to Subscriber/Employee:
18. Employer/School
19. Subs. SSN#
20. Employer Name
21. Policy#
22. Subscriber/Employee Name
23. Address
24. Phone Number
25. City
26. State
27. ZIP
28. Date of Birth
29. Marital Status
30. Sex
31. Is patient covered by another plan?
32. Policy#
33. Other Subscriber’s Name
34. Date of Birth
35. Sex
36. Plan Program Name
37. Employer/School
38. Subscriber/Employee Status
39. 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 the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges.
40. Employer/School
41. I hereby authorize payment of the dental benefits otherwise payable to me directly to the below named dental entity.
42. Name Of Billing Dentist Or Dental Entity
43. Phone Number
44. Provider ID#
45. Dental SS# or T .I.N.
46. Address
47. Dental License #
48. First visit date of current series
49. Place of Treatment
50. City
51. State
52. ZIP Code
53. Radiographs or models enclosed? Yes, how many? No
54. If service already commenced: Date of prior placement
55. If prosthesis (crown, bridge, dentures), is this initial placement? Yes, No
56. If prosthesis (crown, bridge, dentures), is this initial placement? Brief description and dates:
57. Is treatment result of: Auto Accident? Other accident? Neither
58. Diagnosis Code Index (optional)
59. Examination and treatment plans. List teeth in order. Admin. Use Only
60. Identify all missing teeth with X
61. Remarks for unusual services.
62. I hereby certify that the procedures as indicated by date are in progress for procedures that require multiple visits or have been completed and that the fees submitted are the actual fees I have charged and intend to collect for those procedures.
63. Address where treatment was performed.
64. City
65. State
66. ZIP Code

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Dentist’s statement of actual services:

I hereby certify that the procedures as indicated by date are in progress for procedures that require multiple visits or have been completed and that the fees submitted are the actual fees I have charged and intend to collect for those procedures.

Signed (Treating Dentist)

License #

Date (MM/DD/YYYY)
FRAUD WARNING NOTICES:

For states not listed below: 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 subject such person to criminal and civil penalties.

Alabama: 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 and confinement in prison, or any combination thereof.

Alaska: 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.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas, District of Columbia & West Virginia: Warning - 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.

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents 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: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware, Idaho & Oklahoma: Warning - 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: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Indiana: Any person who knowingly, and with intent to defraud an insurer, files a statement of claim containing false, incomplete or misleading information commits a felony.

Kansas: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

Kentucky: A 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.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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, Tennessee, Virginia & Washington: 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 a denial of insurance benefits.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Ohio: 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.

Texas: 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.