

INSTRUCTIONS

For the Employee: Complete in full and sign the employee's information section. Any omissions may require that the form be returned to you.

Give the claim form to your dentist and he or she will complete the dentist's information section.

ADDITIONAL FORMS MAY BE OBTAINED FROM YOUR EMPLOYER.

For your Dentist: Complete the dentist's information section and mail this form to the address shown on the reverse side of this form.

NOTE: If your treatment plan involves charges in excess of the amount shown in the upper left corner of the reverse side of this form, pre-authorization is required. For pre-authorization, send to the address shown on the reverse side of this form. A copy will be returned to you showing the amount of benefits payable. Any x-rays submitted will be returned to you. When treatment is completed, indicate the dates of service in the column provided, sign and date the form and mail the form to the address shown on the reverse side of this form.