GROUP DENTAL CLAIM FORM PART 1 – TO BE COMPLETED BY EMPLOYEE		Alway	AlwaysCare AlwaysDental [®] AlwaysVision [®] A Starmount Life Insurance Company					Group Claim Office P. O. Box 80139, Baton Rouge, LA 70898-0139 Toll Free No.: 1-888-729-5433 (B.R. 926-2888)									
1. Patient's Full Name (First, Middle Initial, Last)					2. Relationship to Em			ployee		3. S	ex	 Patient Birthdate 					
					Self	Spous	se v	Child	Othe	er	М	F	Mo.	Di	ау	Yea	11
5. Employee's Full Name (F	irst, Middle Init	ial, Last)			1	Empl Mo.	oyee's Da	Birthd	ate Year	6. 1	Emplo	yee's S	Social Se	curity	Numbe	er	
7. Employee's Mailing Addre	ess (Street, Cit	y, Zip)											M SUBMIS	SION	ONLY	F THE	=
Street or P. O. Box						M IS FOR A atient a full											
City, State, Zip						s, Name of											_
					Addr	ress of Sch	ool										
9. Employee's Company Name and Address				10. Group No.						Div.	No.	Cert. No.					
QUESTION 11. MUST BE C 11. Is patient covered by an Name and Address of In If yes, please complete belo	other dental pla surance Carrie	an? □ Yes	□ No If	f yes, En	nployer/							P	olicy Nun	nber_			
Name of Insured: Relationship Date of Birth Day Yea					Social Security Numb				n Name and Address of Employer:								
	□ Child																
I have reviewed the treatment pl this claim. I understand I am res statements to be true and compl person who knowingly and with statement of claim or an applica information is guilty of a felony.	sponsible for all c lete to the best o intent to injure, d tion containing a	cost of dental f my knowled lefraud or dec ny false, incol	treatment. 1 o ge. I underst eive any insu mplete, or mis	certify the tand that urer files a sleading	ese any	I hereby a insurance								TUST	י נוופ נ	, noup	
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Pretreatment Estimate of Benefits

A Pretreatment Estimate of Benefits lets you know in advance what your benefits will be. Before signing a course of treatment, have your dentist estimate the charges and submit for a pretreatment estimate. This will eliminate misunderstanding and let both you and your dentist know what the plan will pay. If your dental coverage terminates for any reason during treatment, only the procedures performed before the dental coverage terminated will be eligible for payment. You should review your booklet for full information regarding your coverage.

We recommend a pretreatment estimate if your dental work will cost \$300 or more.

Tips to Speed Claims Processing

Part 1 – Employee

Missing or incomplete responses on claim forms cause delays in processing a claim. The items most frequently left out are:

#4 Date of Birth: Helps identify an insured and determine dependent eligibility.

#6 Social Security Number: This is the most important identifier for the plan member.

#8 Student Status: Required on every claim for a dependent age 19 years and older as student status is subject to change since the last claim was processed.

#11 Coordination of Benefits: The "No" box in Question 11 should be checked if no other DENTAL coverage exists. If there is other DENTAL coverage, the additional information requested is necessary for coordination of benefits as required by most group insurance plans. This information is required on every claim as it is subject to change since the last claim was processed.

Signatures: There are two signature lines on the claim form. The left signature line is for the patient to sign which authorizes release of information by the dentist relative to the immediate claim. This signature line must always be signed.

The right signature line should be signed by the plan member if you want Starmount to pay your dentist. If not, this line should be left blank.

Part 2 – Information Provided by Dentist

Films and Charting: Certain procedures are reviewed by our Dental Consultants. Include films with surgical extractions, crowns, inlays, and bridges. Duplicate films should be labeled left and right. All films should be dated. Periodontal charting and/or films are required for all reported periodontal procedures.

If diagnostic films and charts are unavailable, a narrative should be included on, or attached to, the claim.

Prosthesis-Initial or Replacement: Required for crowns, inlays/onlays, bridges, and partial or complete dentures. If prosthesis is a replacement, the prior placement date is needed.

Pretreatment Estimate Or Actual Services: Appropriate box should be marked to ensure correct handling.

Tooth Number or Letters: Site-specific information is required to process claim. This also includes the listing of the specific quadrant or arch, and tooth number in accordance to the ADA coding.