

UNITED CONCORDIA®

Instructions for Completing Member Dental Claim Form

1. Completion of this form is only necessary if you visit a **non-network dentist**. Network dentists will complete and submit all necessary paperwork for you.
2. Please print clearly or type all required information.
3. **Patient Section:** The subscriber or spouse should complete the Patient Section of the form (**Items 3 through 22**) to assure positive identification and prompt payment.
4. **Patient Consent:** The patient consent statement is Item 36 on the form. If the patient is a minor, a parent must sign the statement. Other authorized representatives include caretaker, guardian or other individual as appropriate under state law and the circumstances of the case.

By signing the statement, the patient (or parent or other authorized representative), consents to the use and disclosure of information relating to the services provided by the dentist or health care professional for the purpose of treatment, payment or health care operation, including submission of a claim for dental benefits to a provider or administrator of dental benefits.

5. **Assignment of Benefits:** The Assignment of Benefits statement is **item 37** on the form. If you wish United Concordia to make payment directly to the dentist, please sign and date this statement. If you wish benefits to be paid directly to yourself, do not sign the statement.
6. **Dentist Section:** Your dentist should complete **Items 1-2, 23-35, and 38-58** on the claim form; then sign and date the form. If your dentist does not agree to complete the Dentist Section, you need only to complete the following items on the claim form and attach a copy of the bill you receive from the dentist. This information will serve as proof that you were seen and had services performed by this dentist:

Item 48: Dentist name

Item 48: Dentist mailing address

Item 52a: Dentist office phone number

Please mail your completed Claim Form to:

Dental Claims

P.O. Box 69421

Harrisburg, PA 17106-9421

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.

- CA: For your protection California law requires that the following appear on the form: Any person who knowingly presents a false claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- DC & RI: 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.
- FL: 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 in the third degree.
- IN & OK: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive an insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- KY: 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.
- LA: 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.
- NJ: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.
- NY: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- VA: Any person who within the 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 have violated the state law.
- TN & WA: 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.
- MD: 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.
- AZ: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.