dental
group claim form

Group Claim Office / P.O. Box 82520 / Lincoln, NE 68501-2520
Toll Free 877.701.4711 / Fax 402.467.7336 / Web ameritasgroup.com
Ameritas' payer ID for electronic claims is 47009.

PART 1 – TO BE COMPLETED BY EMPLOYEE *For faster payment, submit electronically!*

1. Patient's full name (first, middle initial, last)
2. Patient birthdate (MM/DD/YY)
3. Relationship to employee ☐ self ☐ spouse ☐ child ☐ other
4. Sex ☐ M ☐ F
5. Employee's full name (first, middle initial, last)
6. Employee's identification number — Employee's birthdate (MM/DD/YY)
7. Employee's mailing address (Street address or P.O. Box, City, State, ZIP)
   Email address
8. THIS SECTION MUST BE COMPLETED WITH **EACH** CLAIM SUBMISSION **ONLY** IF THE CLAIM IS FOR A DEPENDENT CHILD AGE 19 OR OVER
   Is patient a full-time student? ☐ Yes ☐ No
   If Yes, name and address of school
9. Employer (company) name and address Employers Dental Trust
10. Group number — Division number — Certificate number

QUESTIONS 11 AND 12 MUST BE COMPLETED WITH **EACH** CLAIM SUBMISSION

11. Is patient covered by another dental plan? ☐ Yes ☐ No — Name and address of other carrier — Policy number — Name and address of other employer
12. Other employee/subscriber name — Employee/subscriber identification number — Date of birth (MM/DD/YY) — Relationship to patient
13. **I have reviewed the following treatment plan, and I authorize release of any information relating to this claim. I understand that I am responsible for all cost of dental treatment. I certify these statements to be true and complete to the best of my knowledge.**

X
Signature (patient, or parent if minor) Date

14. **I hereby authorize payment directly to the below named dentist of group insurance benefits otherwise payable to me.**

X
Signature (insured person) Date

It is fraudulent to fill out this form with information you know to be false or to knowingly omit facts which may have a bearing on the benefits for which you are applying. Criminal and/or civil penalties can result from such acts.

PART 2 – TO BE COMPLETED BY ATTENDING DENTIST. Please provide Current Dental Terminology © American Dental Association procedure codes.

15. Dentist name and mailing address
    Specialist designation — Phone # — General anesthesia permit #
    Email — Fax number
16. Dentist SSN or TIN — NPI (National Provider Identifier) — License #
17. Radiographs or models enclosed? ☐ Yes ☐ No How many?

For Yes answers to questions 18-20, enter a brief description and dates.

18. Is treatment result of occupational illness or injury? . . . . ☐ Yes ☐ No
19. Is treatment result of auto accident? . . . . ☐ Yes ☐ No
20. Other accident? . . . . ☐ Yes ☐ No
21. If Prosthesis, is this initial placement? . . . . ☐ Yes ☐ No
    If no, reason for replacement, and date of prior replacement
22. Is treatment for orthodontics? . . . . ☐ Yes ☐ No
    If services already have begun, enter date appliances were placed, and months remaining
23. This is a (please check one): ☐ Statement of actual services ☐ Pretreatment estimate

24. EXAMINATION AND TREATMENT RECORD

Tooth number, letter, quadrant or arch	Surfaces	DESCRIPTION OF SERVICES (including x-rays, prophylaxis, materials used, etc)	CDT © ADA Procedure Code	Date Service Performed Month	Day	Year	Fee

25. Remarks for unusual services
26. Total fee charged
27. CERTIFICATION: I hereby certify that the services listed above have been performed on the dates indicated and that the fees submitted are the fees I have charged and intend to collect for those purposes.

X
Signature (Dentist) Date

28. Address where treatment was performed

GC 140 Rev. 3-07

tips

how to speed claims processing

part 1 – employee

Missing or incomplete information will slow down claims processing.
To avoid this, please be sure to include:

#2 Patient birthdate
Helps identify an insured and determine dependent eligibility.

#6 Employee's identification number
This is the most important identifier for the plan member.

#8 Student status
Because this information often changes, it is required on every claim for dependents age 19 years and older.

#11 and **#12** Coordination of benefits for dental
The "No" box under #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. This information is required on every claim.

part 2 – dentist

Some dental claims require dental consultant review for accurate processing.
To help expedite the claims process, please be sure to include:

#16 National Provider Identifier
There are two types of NPI. Type 1 is for individual providers who operate independently. Type 2 is for health care providers such as group practices or corporations including incorporated dental practices. Type 2 organization providers may want their individual provider employees to have Type 1 NPIs to distinguish them individually.

#17 and **#24** Supporting Documentation
In addition to the following list, narratives or photos also may be submitted.
Documents should be dated and legible. Original radiographs will be returned.
Please label duplicate films left and right. All supporting documentation should be current within one year. Procedure codes listed are based on CDT © ADA.

- Pre-operative radiographs for D2510-D2664, D6600-D6634, D2710-D2794, D6710-D6794, D6205-D6252, D2950, D6973, D2952-D2954, D6970-D6972, D2960-D2962, D3346-D3348, D3351-D3353 and D6010.
- Pre-operative radiographs and legible surgical notes for D7210-D7241.
- Legible surgical notes only for D7310-D7321.
- Numerical 6-point periodontal charting for D4210-D4211, D4240-D4241, D4341-D4342 and D4381.
- Radiographs and numerical 6-point periodontal charting for D4260-D4261 and D4263-D4264.
- Gingival grafting procedures and measurements for D4270-D4271, D4273, D4275 and D4276.

#21 Prosthesis - Initial or Replacement
Required for crowns, onlays, bridges and partial or complete dentures.
If a replacement, prior placement date is needed.

#23 Statement of actual services, or Pretreatment estimate
Appropriate box should be marked to ensure correct handling.

#24 Tooth number, letter, quadrant or arch
Site-specific information is required using the Universal/National Tooth Numbering System.

pretreatment estimate of benefits

We recommend a pretreatment estimate of benefits when a plan member considers the dental work to be expensive. A pretreatment estimate lets both the member and dental provider know in advance how much insurance will pay.

If dental coverage terminates for any reason during treatment, only procedures performed before coverage ended will be eligible for payment.

For full information regarding coverage, plan members may refer to their insurance plan booklet.

website

Visit our website for benefit information, electronic forms, a dental provider list and more.

Please note, the free software Adobe Reader® (available through the internet) is needed to view and print the electronic forms.

electronic claims and attachments

Dental providers, with electronic claims we can process the same day received and send a check within seven business days. Plus, most software can submit claims and attachments while simultaneously creating accounting records. For more information, please visit the following websites:

ndedic.org
ez2000dental.com
nea-fast.com