



# HEALTH SYSTEMS

REFER TO YOUR I.D. CARD FOR PROPER MAILING ADDRESS

EMPLOYEE ID NUMBER

Employee ID number input boxes

## DENTAL CLAIM FORM

### PATIENT AND EMPLOYEE INFORMATION

Patient and Employee Information section with fields for name, address, date of birth, sex, relationship, and insurance coverage.

### DENTIST'S INFORMATION

Dentist's Information section with fields for dentist name, mailing address, phone number, and treatment details.

### TO THE DENTIST: PREDETERMINATION OF BENEFITS REQUIRED FOR CLAIMS IN EXCESS OF \$250.00

CHECK ONE:  DENTIST'S PRE-TREATMENT ESTIMATE  DENTIST'S STATEMENT OF ACTUAL SERVICES

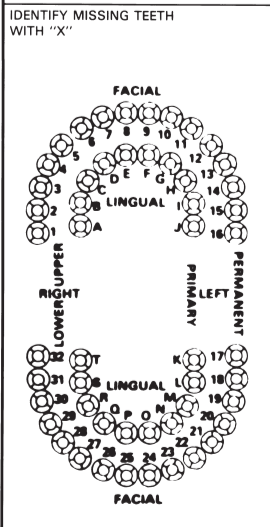


Table for Examination and Treatment Plan with columns for Tooth # or Letter, Surface, Description of Service, Date Service Performed, Procedure Number, and Fee.

27. REMARKS FOR UNUSUAL SERVICES

Signature and date lines for the dentist, and a box for Total Fee Charged.