dental Group Claim Form

Ameritas Life Insurance Corp. of New York

Ameritas

Group Claim Office / P.O. Box 82595 / Lincoln, NE 68501-2595 / Toll Free 800-659-5556 / Fax 402-467-7336 / Web ameritas.com
Ameritas' payer ID for electronic claims is 72630.

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	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 (patient, or parent if minor) Date

Part 2: To be completed by Attending Dentist. Please provide Current Dental Terminology © American Dental Association procedure codes.

15. Dentist name and mailing address	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
Specialist designation / General anesthesia permit #	20. Other accident? ☐ Yes ☐ No
Phone number / Fax number	21. If Prosthesis, is this initial placement? ☐ Yes ☐ No If no, reason for replacement and date of prior replacement:
Email	22. Is treatment for orthodontics? ☐ Yes ☐ No If services have begun, enter date appliances placed and months remaining:
16. Dentist ☐ SSN ☐ TIN / NPI (Nat. Provider Identifier)	
License # / 17. Radiographs or models enclosed? ☐ Yes ☐ No / How many?	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 subm itted are the fees I have charged and intend to collect for those purposes. X _____ _____ Signature (Dentist) Date	28. Address where treatment was performed

tips 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.

#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