

PLEASE REVIEW BEFORE SUBMITTING CLAIM

INFORMATION FOR PATIENT

1. Complete items one (1) through fifteen (15) in full to assure positive identification and prompt payment. Please print or type. Your group and Employer/Subscriber identification number can be found on your Dental Identification card.
2. You must sign the claim form under the Patient Information section indicating that the information is correct and authorizing payment.
3. The patient (or parent, if the patient is a minor) must sign the "Authorization to Release Information."
4. If total charges for the planned course of treatment can reasonably be expected to be \$300 or more, it is recommended that a pre-treatment estimate be submitted prior to the commencement of the course of treatment. You and your dentist will be notified of benefits payable.

Estimated benefits are subject to your coverage being in force at time services are performed and are subject to the specific limitations and exclusions listed in your benefit plan.

Please refer to your Certificate of Coverage for a description of covered services, percentage of fees payable, limitations and exclusions.

The completed form should be mailed to the address shown below.

NOTE: Any person who knowingly presents false, incomplete or misleading information is guilty of a crime and is subject to a fine or imprisonment or both.

INFORMATION FOR ATTENDING DENTIST

1. Complete items 16 through 29 on the claim form.
2. If total charges for the planned course of treatment can reasonably be expected to be \$300 or more, it is recommended that a pre-treatment estimate be submitted prior to the commencement of the course of treatment. You and your patient will be notified of benefits payable.

You and your patient are free to pursue any treatment plan mutually agreed upon. Pre-estimation of benefits is only intended to avoid any misunderstanding among the patient, the dentist, and Fort Dearborn Life, concerning the benefits allowed under terms of the coverage.

3. Generally, radiographs will not be required when submitting a claim. However, pre-operative radiographs may be requested in certain situations for dental consultant use in benefit determination.
4. We support the recommendation that original documentation should never leave your office. We encourage you to submit copied radiographs or send your dental claim and radiographs electronically. Effective September 1, 2005, radiographs submitted will no longer be returned to your office unless accompanied by a self-addressed envelope.
5. If the subscriber has so authorized, benefit payments will be made directly to you.

NOTE: Any person who knowingly presents false, incomplete or misleading information is guilty of a crime and is subject to a fine or imprisonment or both.

Mail Completed Form to: Fort Dearborn Life Insurance Company – Dental
P.O. Box 23060
Belleville, Illinois 62223-0060