



SEND CLAIMS TO:  
Federal Government Programs  
PO Box 537007  
Sacramento, CA 95853-7007

# Federal Government Programs Dental Claim Form

## Subscriber information

10 NAME (LAST, FIRST, M) AND ADDRESS \_\_\_\_\_

11 PHONE NUMBER (INCLUDING COUNTRY, CITY AND/OR AREA CODE) \_\_\_\_\_ 12 EMAIL ADDRESS \_\_\_\_\_

13 DATE OF BIRTH (MM/DD/YYYY) \_\_\_\_\_ 14 GENDER  
 M  F

15 SUBSCRIBER IDENTIFICATION NUMBER \_\_\_\_\_

## Patient information

16 PATIENT NAME (LAST, FIRST, M) AND ADDRESS (IF DIFFERENT THAN PRIMARY ENROLLEE) \_\_\_\_\_

17 DATE OF BIRTH (MM/DD/YYYY) \_\_\_\_\_ 18 IF FULL-TIME STUDENT, LIST SCHOOL AND CITY \_\_\_\_\_

19 RELATIONSHIP TO SUBSCRIBER  
 SELF  SPOUSE  DEPENDENT  OTHER

20 GENDER  
 M  F

1  STATEMENT OF COMPLETED SERVICES  PRE-TREATMENT ESTIMATE REQUEST

## Other coverage

2 IS PATIENT COVERED BY ANOTHER DENTAL/MEDICAL PLAN?  
 NO (SKIP 3-9)  YES

3 NAME OF EMPLOYEE/POLICYHOLDER (LAST, FIRST, MI) \_\_\_\_\_

4 DATE OF BIRTH (MM/DD/YYYY) \_\_\_\_\_ 5 GENDER  
 M  F

6 EMPLOYEE SSN/ID# \_\_\_\_\_

7 RELATIONSHIP TO PATIENT  
 SELF  SPOUSE  DEPENDENT  OTHER

8A GROUP NUMBER OF OTHER CARRIER \_\_\_\_\_ 8B AMOUNT PAID GROUP BY OTHER CARRIER \$ \_\_\_\_\_

9 NAME AND ADDRESS OF OTHER CARRIER \_\_\_\_\_

## Dental services

21 TREATMENT PLAN (LIST IN ORDER FROM TOOTH NO. 1 THROUGH TOOTH NO. 32) USING THE CHARTING SYSTEM SHOWN BELOW

TOOTH GUIDE	TOOTH NUMBER OR LETTER	TOOTH SURFACE	AREA OF ORAL CAVITY	DESCRIPTION	DATE OF SERVICE (MM/DD/YYYY)	CDT PROCEDURE CODE	FEE CHARGED
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						

22 INDICATE CURRENCY \_\_\_\_\_ TOTAL FEES CHARGED \$ 0.00

23 REMARKS FOR UNUSUAL SERVICES \_\_\_\_\_ **IMPORTANT: FOR OVERSEAS CLAIMS (IF APPLICABLE), ATTACH THE DENTIST'S RECEIPT FOR COMPLETED SERVICES OR STATEMENT FOR PRE-TREATMENT ESTIMATE REQUEST.**

## Authorizations

24 I HAVE REVIEWED THE TREATMENT PLAN AND AGREE TO BE RESPONSIBLE FOR ALL CHARGES FOR DENTAL SERVICES NOT PAID BY MY DENTAL BENEFIT PLAN UNLESS THE TREATING DENTIST HAS A CONTRACTUAL AGREEMENT WITH MY PLAN PROHIBITING ALL OR A PORTION OF SUCH CHARGES. I CONSENT TO YOUR USE AND DISCLOSURE OF MY PROTECTED HEALTH INFORMATION AND AUTHORIZE RELEASE OF ANY INFORMATION RELATING TO THIS CLAIM.

X \_\_\_\_\_  
SIGNATURE OF PATIENT (OR PARENT/GUARDIAN) DATE

25 I HEREBY AUTHORIZE AND DIRECT PAYMENT OF THE DENTAL BENEFITS OTHERWISE PAYABLE TO ME, DIRECTLY TO THE NAMED DENTIST OR DENTAL ENTITY.

X \_\_\_\_\_  
SIGNATURE OF PRIMARY ENROLLEE DATE

## Treating dentist

29 DENTIST NAME AND ADDRESS \_\_\_\_\_

30 LICENSE NUMBER \_\_\_\_\_ 31 TIN OR SSN \_\_\_\_\_ 32 TYPE-1 NPI (INDIVIDUAL) \_\_\_\_\_

33 I HEREBY CERTIFY THAT THE PROCEDURES LISTED BY DATE ARE IN PROGRESS (FOR PROCEDURES THAT REQUIRE MULTIPLE VISITS) OR HAVE BEEN COMPLETED.

X \_\_\_\_\_  
SIGNATURE OF DENTIST DATE

## Billing dentist or dental entity

LEAVE THIS SECTION BLANK IF DENTIST OR DENTAL ENTITY IS NOT SUBMITTING THIS CLAIM

26 DENTIST OR DENTAL ENTITY NAME AND ADDRESS \_\_\_\_\_

27 TIN \_\_\_\_\_ 28 TYPE-2 NPI (ORGANIZATIONAL) \_\_\_\_\_

## Additional claim information

34 RADIOGRAPHS ENCLOSED  
 NO  YES

35 REPLACEMENT OF PROSTHESIS  
 YES DATE OF PRIOR PLACEMENT \_\_\_\_\_

36 TREATMENT RESULTING FROM  
 OCCUPATIONAL ILLNESS/INJURY  AUTO ACCIDENT  OTHER ACCIDENT  
DATE \_\_\_\_\_

37 TREATMENT RELATED TO ORTHODONTICS  
 YES DATE APPLIANCE PLACED \_\_\_\_\_ TOTAL MONTHS OF TREATMENT \_\_\_\_\_

## Claim Form Disclosure

**You may be subject to civil and criminal penalties for knowingly providing false or misleading information.**

**Alabama:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**Alaska:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under this title.

**Arizona:** 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.

**Arkansas:** Any person who knowingly presents a false or fraudulent claim for payment for 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.

**California:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**Delaware:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**District of Columbia:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Hawaii:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**Idaho:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

**Indiana:** Any person who knowingly, and with intent to defraud an insurer, files a statement of claim containing false, incomplete or misleading information commits a felony.

**Kansas:** Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

**Kentucky:** 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 any fact material thereto commits a fraudulent insurance act, which is a crime.

**Louisiana:** 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.

**Maine:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Maryland:** Any person who knowingly and willfully presents a false or fraudulent claim for payment for a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Minnesota:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**New Hampshire:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in R.S.A. 638.20.

**New Jersey:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to civil and criminal penalties.

**New Mexico:** 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 civil fines and criminal penalties.

**New York:** 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 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.

**Ohio:** Any person who, with 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 is guilty of insurance fraud.

**Oklahoma:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Pennsylvania:** 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.

**Puerto Rico:** Any person who knowingly and with the intention to defraud presents false information in an insurance application or, who presents helps or has a fraudulent claim presented for the payment of a loss or other benefit, or presents more than one claim for the same loss or damage, will incur in a felony and if convicted, will be sanctioned for each violation with a fine of no less than five thousand (\$5,000) dollars or no more than ten thousand (\$10,000) dollars or imprisonment by the fixed term of three years, or both punishments. With aggravating circumstances the fixed term of the punishment could go up to five (5) years; with mitigating circumstances the punishment could be reduced to a minimum of two (2) years.

**Rhode Island:** 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.

**Tennessee:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Utah:** Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

**Virginia:** 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.

**Washington:** 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.

**West Virginia:** 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.