

PART 1 INSTRUCTIONS FOR THE EMPLOYEE

1. Only complete Part 1 of the form answering every question. (Please Print)
2. Sign Part 1 of the form where indicated.
3. Take the form to your dentist on your first visit. The form will be completed by your dentist and sent to the Insurance Company.
4. *Pre-treatment Estimate:* When the form is returned to the dentist by the Insurance Company, you must make appointments for treatment. Treatment must be completed as soon as possible after you are certified eligible for coverage.

PART 2 INSTRUCTIONS FOR THE DENTIST

1. On the front of this form indicate, on the chart provided, all treatments to be performed.
2. Indicate on this chart all missing teeth with an "X" and all abutments with an "O".
3. In the space provided, describe procedures necessary to fully complete treatment of this case using one line for each operation or restoration, and give the fee for each procedure. X-RAYS MUST BE ITEMIZED. (If additional space is required use a separate sheet.)
4. X-rays, when necessary, must accompany this claim form. (Duplicates are acceptable.) Preoperative X-rays for extraction of impacted teeth are required. Postoperative X-rays for completed root canal treatment and filling are required.
5. In the event of an extraction of an impacted tooth, designate the type of impaction (tissue, partial bone, complete bone).
6. AT COMPLETION OF TREATMENT, SIGN THE ORIGINAL OF THE FORM (AT BOTTOM) AND RETURN IT TO THE ADDRESS SHOWN ON THE FRONT OF THE FORM AT TOP.