

**IDENTIFY MISSING TEETH WITH "X"**

## **PLEASE REVIEW BEFORE SUBMITTING CLAIM**

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### **INFORMATION FOR PATIENT**

1. Complete items one (1) through fifteen (15) in full to assist with positive identification and prompt payment. Please print or type. Your group and Subscriber Identification number can be found on your Blue Cross and Blue Shield ID 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. Blue Cross will notify you and your dentist 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.