

Dental Claim Form and Instructions

PLEASE DO NOT SUBMIT THIS FORM FOR PRECERTIFICATION. PRECERTIFICATIONS ARE NOT REQUIRED FOR YOUR DENTAL POLICY. If you have any questions about completing this form, call us at 866-387-0484 7:00 A.M. to 5:30 P.M. Central Standard Time.

INSTRUCTIONS FOR FILING DENTAL CLAIM

- All claims must be submitted on an American Dental Association (ADA) Claim Form; a form is attached to these instructions.
- Please ask your dentist's office to complete the entire form. Blank fields will cause the claim processing to be delayed. We must have the following information:
 - The policyowner's Dental policy number.
 - The policyowner's complete name as it appears on the Dental Plan ID card.
 - The patient's full name, sex, date of birth and relationship to the policyowner.
 - The treatment date, tooth or surface, ADA code and charge for each procedure.
 - The patient's Social Security Number.
- You may fax your claim to us at 608-373-9503.
- You may mail your claim to: **Assurant Supplemental Coverage**
P.O. Box 2829
Clinton, IA 52733-2829
- Additional claim forms are available at assuranthealth.com.

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