

INSTRUCTIONS

The Dental Service Report of Anthem Blue Cross and Blue Shield is a close adaptation of the American Dental Association's uniform dental claim form (ADA—75). All claims submitted on this form should be identified for either payment or pre-certification to avoid unnecessary paper work and delays.

1. Self-explanatory
2. RELATIONSHIP TO EMPLOYEE: Employee used herein refers to the covered person.
- 3-6. Self-explanatory
7. EMPLOYEE/SUBSCRIBER IDENTIFICATION NUMBER: Enter identification number found on employee's Anthem Blue Cross and Blue Shield card.
8. Self-explanatory
9. EMPLOYEE/SUBSCRIBER ACCOUNT NUMBER AND BENEFIT CODE: Enter account number and benefit code listed on employee's identification card.
- 10-12. Self-explanatory
13. ARE OTHER FAMILY MEMBERS EMPLOYED: Information needed for Coordination of Benefits of dental coverages. Please insert name and identification number.
- 14-15. Self-explanatory
- 16-18. Self-explanatory
19. DENTIST PROVIDER NUMBER: Enter the provider number provided by Anthem Blue Cross and Blue Shield.
- 20-21. Self-explanatory
- 22-26. Self-explanatory
27. ARE ANY SERVICES COVERED BY ANOTHER PLAN: Information needed for Coordination of Benefits program.
- 28-29. PROSTHESIS APPLIANCES: Information needed for determination of eligibility and liability due to time limitations on this type of service.
- 30-31. Self-explanatory
32. REMARKS FOR UNUSUAL SERVICES: Enter any unusual services and if appropriate enter hospital name and diagnosis if hospitalized.

Obtain signature of employee to authorize payment direct to provider. If payment is to be made to employee, he **does NOT** sign in the **right** hand block.

This completed form, after reviewing for accuracy and securing necessary signatures, should be submitted to *the address listed on the front of this form.*