Dental Benefits – Claim Instructions

Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or concealers, 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.

Attention Alabama Residents: 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. Attention Arkansas, District of Columbia, Rhode Island and West Virginia Residents: 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 fines or confinement in prison. Attention California Residents: For your protection California law requires notice of the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the 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 fines or confinement in state prison. Attention Colorado Residents: 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. Attention Florida Residents: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree. Attention Kansas Residents: Any person who knowingly and with intent to injure, defraud or deceive 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. Attention Louisiana Residents: 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 is guilty of a crime and may be subject to fines and confinement in prison. Attention Maine and Tennessee Residents: 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, or denial of insurance benefits. Attention Maryland Residents: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. Attention Missouri Residents: 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, denial of insurance and civil damages, as determined by a court of law. Any person who knowingly and with intent to injure, defraud or deceive an insurance company may be guilty of fraud as determined by a court of law. Attention New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy or knowingly files a statement of claim containing any false or misleading information is subject to criminal prosecution. Attention New York Residents: 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 may be a crime and subjects such person to criminal and civil penalties. Attention Ohio Residents: Any person who, with 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. Attention Oklahoma Residents: 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. Attention Oregon Residents: Any person who, with intent to injure, defraud, or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false, incomplete 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. Attention Puerto Rico Residents: 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 concealers, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such persons to criminal and civil penalties. Attention Pennsylvania Residents: 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 concealers, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such persons to criminal and civil penalties. Attention Rhode Island Residents: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or if a material fact is concealed or not stated in an application for insurance or statement of claim containing any materially false information or concealers, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and subjects such person to criminal and civil penalties. Attention Virginia Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or concealers, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such persons to criminal and civil penalties. Attention Washington Residents: 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.

NOTE: INCOMPLETE CLAIM FORMS WILL BE RETURNED TO YOU FOR MISSING INFORMATION. THIS WILL DELAY THE PROCESSING OF THE CLAIM. FOR FASTER, EASIER SUBMISSION OF CLAIMS, THE PROVIDER MAY CONTACT THE AETNA CLAIM PROCESSING CENTER FOR INFORMATION REGARDING ELECTRONIC CLAIM SUBMISSIONS.

TO THE EMPLOYEE – USE BLACK INK ONLY
1. Complete blocks 1-2 in full.
2. Complete blocks 23-27 only if other dental coverage exists.
3. Be certain to sign the authorization to release information in block 28.
4. If you wish to have your benefits for this claim paid directly to your dentist, sign block 29.

If total charges for the planned course of treatment are expected to exceed the minimum Predetermination dollar amount stated in your dental plan booklet, it is suggested you file for Predetermination of Benefits. Aetna Dental will notify your dentist of the benefits payable.

NOTE: YOUR DENTAL COVERAGE IS SUBJECT TO SPECIFIC LIMITATIONS AND EXCLUSIONS. PLEASE REFER TO YOUR DENTAL BOOKLET FOR DESCRIPTION OF COVERED EXPENSES, DEDUCTIBLE AND COPAYMENT INFORMATION, AND LIMITATIONS AND EXCLUSIONS.

TO THE DENTIST – USE BLACK INK ONLY
1. COMPLETED SERVICES — Check the box noted “STATEMENT OF SERVICES RENDERED” and complete blocks 30-48. When entering the treatment plan on the form, please indicate a separate fee for each individual service rendered.
2. PREDETERMINATION OF BENEFITS — If total charges for this claim are to exceed the minimum Predetermination dollar amount indicated in the employee’s Dental Plan Booklet (and treatment is not emergency in nature), Predetermination of Benefits is suggested. Check the box marked “PRE-TREATMENT ESTIMATE”, and complete blocks 30-48.
3. If the employee indicates that benefits should be paid directly to the dentist, these benefits will be sent directly to you with a copy of the transaction to the employee.

X-rays taken for metal restorations and crowns should be submitted with treatment plan. They may also be requested for other services. X-rays will be reviewed by practicing Dentists and returned promptly.

TO THE EMPLOYEE & DENTIST
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# Dental Benefits Request

## TO BE COMPLETED BY EMPLOYEE – USE BLACK INK ONLY

1. **Employer’s Name**
2. **Policy/Group Number**
3. **Employee’s Aetna ID Number**
4. **Employee’s Name**
5. **Employee’s Birthday (MM/DD/YYYY)**
6. **Address is new**
7. **Employee’s Address (include ZIP Code)**
8. **Employee’s Daytime Telephone Number**
9. **Patient’s Name**
10. **Patient’s Aetna ID Number**
11. **Patient’s Birthday (MM/DD/YYYY)**
12. **Patient’s Relationship to Employee**
13. **Patient’s Address (if different from employee)**
14. **Patient’s Gender**
15. **Full Time Student**
16. **Patient’s Expected Graduation Date**
17. **Name of School and City**
18. **Patient’s Marital Status**
19. **Patient employed?**
20. **Name and Address of Employer**
21. **Is claim related to an accident?**
22. **Is claim related to employment?**
23. **Are any family members’ expenses covered by another group health plan, group pre-payment plan (Blue Cross- Blue Shield, etc.), no fault auto insurance, Medicare or any federal, state or local government plan?**
24. **If Yes, list policy or contract holder, policy or contract number(s) and name/address of insurance company or administrator:**
25. **Member’s ID Number**
26. **Member’s Name**
27. **Member’s Birthday (MM/DD/YYYY)**
28. **To all providers of dental care:**
   - You are authorized to provide Aetna Life Insurance Company or one of its affiliated companies (“Aetna”), and any independent claim administrators and consulting dental professionals and utilization review organizations with whom Aetna has contracted, information concerning dental care, advice, treatment or supplies provided the patient. This information will be used to evaluate claims for dental benefits. Aetna may provide the employer named above with any benefit calculation used in payment of this claim for the purpose of reviewing the experience and operation of the policy or contract. This authorization is valid for the term of the policy or contract under which a claim has been submitted. I know that I have a right to receive a copy of this authorization upon request and agree that a photographic copy of this authorization is as valid as the original.
29. **Patient's or Authorized Person's Signature   Date**
30. **I authorize payment of dental benefits to the dentist or supplier of service.**
   - **Patient’s or Authorized Person’s Signature**
   - **Date**

## TO BE COMPLETED BY DENTIST – USE BLACK INK ONLY

31. **Dentist’s Name & Address (include ZIP Code)**
32. **National Provider Identifier**
33. **Dentist License No.**
34. **Telephone Number**
35. **Enter the taxpayer identifying number to be used for 1099 reporting purposes. You are required under authority of law to furnish your taxpayer identifying number.**
36. **First Visit Date Current Series**
37. **Place of Treatment**
38. **Radiographs or models enclosed?**
39. **Is treatment result of:**
   - **No**
   - **Yes**
40. **occupational illness or injury?**
41. **auto accident?**
42. **other accident?**
43. **Are any services covered by another plan?**
44. **Is treatment for orthodontics?**
45. **To expedite claim handling, identify all missing teeth with "X"**
46. **Examination and treatment plan. List in order from tooth no. 1 through tooth no. 32. Use charting system shown.**
47. **I hereby certify that the procedures as indicated by date have been completed and that the fees submitted are the actual fees I have charged this patient and intend to accept for those procedures.**
   - **Dentist’s Signature**
   - **Date**
48. **National Provider Identification**
   - **Total charge $**
   - **Amount paid $**
   - **Balance due $**

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Date: 10-16-13
Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),

1-800-648-7817, TTY: 711, Fax: 859-425-3379 (CA HMO customers: 860-262-7705),

CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

TTY: 711

For language assistance in your language call the number listed on your ID card at no cost. (English)

Para obtener asistencia lingüística en español, llame sin cargo al número que figura en su tarjeta de identificación. (Spanish)

欲取得繁體中文語言協助，請撥打您ID卡上所列的號碼，無需付費。(Chinese)

Pour une assistance linguistique en français appeler le numéro indiqué sur votre carte d'identité sans frais. (French)

Para sa tulong sa wika na Tagalog, tawagan ang nakalistedang numero sa iyong ID card nang walang bayad. (Tagalog)

T’áá shi shizaad k’ehjí bee shiká a’dooowo nínízingo Diné k’ehjí naaltsoos bee atah niljígo nanitinígíí béésh bee hane’ é bikáá’ áajít’ t’áá jítik’e hólne’. (Navajo)

Benötigen Sie Hilfe oder Informationen auf Deutsch? Rufen Sie kostenlos die auf Ihrer Versicherungskarte aufgeführte Nummer an. (German)

Për asistencë në gjuhën shqipe telefononi falas në numrin e regjistruar në kartën tuaj të identitetit (ID). (Albanian)

(اللغة العربية)، الرجاء الاتصال على الرقم المجاني المذكور في بطاقة التغطية للمساعدة. (Arabic)
Niba urondera uwugufasha mu Kirundi, twakure ku busa ku inomero iri ku ikarata karangamuntu yawe. (Bantu-Kirundi)

Alang sa pag-abag sa pinulongan sa (Binisayang Sinugboanon) tawga ang numero nga gilista sa imong kard sa kailhanan nga walay bayad. (Bisayan-Visayan)

By-lang laya sangaytaran jang apnana aydi karte yu numrati talikeya ko rawe byinawulu nga ta te kall karon. (Bengali-Bangala)

Per rebe assistencia en (catalan), truqui al number de telèfon gratuit que apareix a la seva targeta d’identificació. (Catalan)

Para ayuda gi fino’ (Chamoru), ägang I numiru ni mangaige gi iyo-mu ‘ID card’, sin gästu.. (Chamorro)

(Chahta) anumpa ya apela a chi bvnna hokmvt chi holisso kallo iskitini ma holhtena yvt takanli. Na aivlli keyu ho ish I paya hinla. (Choctaw)

Tajaajila afaan Oromiffa argachuuf lakkoofsota bilbilaa waraqa eeyummaa keessan irra jiran irratti bilisaan bilbilaa. (Cushite)

Bel voor tolk- en vertaaldiensten in het Nederlands gratis naar het nummer dat op uw identiteitskaart vermeld staat. (Dutch)

Pou jwenn asistans nan lang Kreyòl Ayisyen, rele nimewo a yo endike nan kat identifikasyon ou gratis. (French Creole)

Για γλωσσική βοήθεια στα Ελληνικά καλέστε χωρίς χρέωση τον αριθμό που αναγράφεται στην κάρτα αναγνώρισής. (Greek)

(Gujarati) gujarati maa sangh sake marte tamara aadhe kiye par tenezali number par koithe vare vagar koit karo.

No ke kòkua ma ka ‘ôlelo Hawai‘i e kahea aku i ka helu kelepona ma kâu kaleka ID, kâki ‘ole ‘ia këia kòkua nei. (Hawaiian)

(Hindi) hindime bahasa sanghayata ke liye, apnene aairi karte par dîyega gaye number par mupfat kãl karer.

Yog xav tau kev pab txhais lus Hmoob hu dawb tau rau tus xov tooj ntawm koj daim npav. (Hmong)

Maka enyemaka asusu na Igbo kponombi edeputara na kaadi ID gi na akwughi ugwọ o bula. (Ibo)
Para iti tulong ti pagsasao iti numero a nakalista iti ID card yo nga awan ti bayadan yo. (Ilocano)

Untuk bantuan dalam bahasa Indonesia, silakan hubungi nomor yang tercantum di kartu ID Anda tanpa dikenakan biaya. (Indonesian)

Per ricevere assistenza linguistica in italiano, può chiamare gratuitamente il numero riportato sulla Sua scheda identificativa. (Italian)

日本語で援助をご希望の方は、IDカードに記載されている番号まで無料でお電話ください。 (Japanese)

한국어로 지원을 받으시면 ID 카드에 수록된 무료 통화번호로 전화해 주십시오. (Korean)

Fer Helfe in Deitsch, ruf die Fonnummer aa die uff dei ID Kaarde iss. Es Aaruf koschtet nix. (Pennsylvania Dutch)

Para obter assistência linguística em português ligue para o número grátis listado no seu cartão de identificação. (Portuguese)
Pentru asistență lingvistică în românește telefonați la numărul gratuit indicat pe cardul dvs. de membru de la Aetna.

( Romanian)

Чтобы получить помощь русскоязычного переводчика, позвоните по бесплатному номеру, указанному в вашей ID-карте удостоверения личности. (Russian)

Mo fesoasoani tau gagana I le Gagana Samoa vala’au le numera o lo’o lisina I luga o lau pepa ID e aunoa ma se totogi. (Samoan)

Қапау ‘oku fiema’u hā tōkoni ‘i he lea faka-Tonga telefoni ki he fika ‘oku lisi ‘i ho’o kaati ID ‘o ‘ikai hā tōtōngi (Tongan)

Ren áninnisin chiakú ren (Kapasen Chuuk) kopwe kékkeéri ena nampaan tengewa aaw makketiw wóón noumw ena chéén taropween ID nge esapw kamé ngonuk. (Trukese)

(Dilde) dil yardsım için sayi hiçbür ücret ödemeden kimlik kartı listelenen diyoruz. (Turkish)

Щоб отримати допомогу перекладача української мови, зателефонуйте за безкоштовним номером, наданим у вашій ID-картці посвідчення особи. (Ukrainian)

اُردو

( Urdu)

Để được hỗ trợ ngôn ngữ bằng (ngôn ngữ), hãy gọi miễn phí đến số được ghi trên thẻ ID của quý vị. (Vietnamese)

Fún iránlọwọ nipa èdè (Yorùbá) pe nòmbà tí a kọ sírí kàádí iđánímọ rè lái san owó kankan rárá. (Yoruba)