

HOW TO FILE A CLAIM

1. Complete boxes 1 – 23.
2. Please make sure box 15 contains your member number as it appears on your ID card. **Do not use your social security number in this box.**
3. Be sure to sign the authorization to release information in box 36.
4. Ask your dentist to complete boxes 24 – 58, or attach an original itemized billing from the dentist on his/her letterhead or approved ADA claim form that includes all information requested in boxes 24-58.
5. Attach all related Explanation of Benefits statements for other coverage if applicable.
6. Send completed claim form to:

Dental Claims Administrator
PO Box 69436
Harrisburg, PA 17106-9436

NOTE: Subscriber submitted claim forms must be submitted within 180 days of the date of service. Claims which cannot be identified due to incomplete subscriber information will be returned.

HOW TO REACH US

Phone: • Members - (888) 223-4999
 • Providers - (888) 224-5213

Write: Dental Customer Service
 PO Box 69437
 Harrisburg, PA 17106-9437