

# Dental Claim Statement (Prepaid)



Check one: <input type="checkbox"/> Dentist's pre-treatment estimate <input type="checkbox"/> Dentist's statement of actual services				Carrier name and address: <b>Sun Life Financial, PO Box 2940, Clinton, IA 52733-2940</b> <b>T 800.443.2995</b>						
PATIENT COVERAGE INFORMATION	1 Patient name First M.I. Last		2 Relationship to employee <input type="checkbox"/> Self <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____		3 Sex M F	4 Patient birthdate MO DAY YR		5 If full-time student School City		
	6 Employee/subscriber name and mailing address		7 Employee/subscriber Soc. Sec. or I.D. no.		8 Employee/subscriber birthdate MO DAY YR		9 Employer (company) name and address		10 Group number	
	11 Is patient covered by another dental plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," complete 12-a. Is patient covered by a medical plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		12-a Name and address of carrier(s)			12-b Group no(s).		13 Name and address of other employer(s)		
	14-a Employee/subscriber name (if different than patient's)		14-b Employee/subscriber Soc. Sec. or I.D. no.		14-c Employee/subscriber birthdate MO DAY YR		15 Relationship to patient <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____			
I have reviewed the following treatment plan. I authorize release of any information relating to this claim. (I understand that I am responsible for all costs of dental treatment.) This authorization is not governed by HIPAA, however, when necessary, I may be asked to execute a HIPAA authorization form, allowing Union Security Insurance Company to use and disclose protected health information.					I hereby authorize payment of the dental benefits otherwise payable to me directly to the below named entity.					
SIGNED (PATIENT OR PARENT, IF MINOR) _____ DATE _____					SIGNED (INSURED PERSON) _____ DATE _____					
BILLING DENTIST	16 Name of Billing Dentist or Dental Entity				24 Is treatment result of occupational illness or injury?		No	Yes	If "Yes," enter brief description and dates.	
	17 Address where payment should be remitted  City, State, Zip				25 Is treatment result of auto accident?					
	18 Dentist Soc. Sec. or TIN		19 Dentist license no.		20 Dentist phone no.		27 If prosthesis, is this initial placement?		28 Date of prior placement	
	21 First visit date current series		22 Place of treatment Office Hosp ECF Other		23 Radiographs or models enclosed? No Yes How many?		29 Is treatment for orthodontics?		If services already commenced, Date appliances placed Mos. treatment remaining	
Identify missing teeth with "X" 		30 Examination and treatment plan—List in order from tooth no. 1 through tooth no. 32—Use charting system shown.				Date Service Performed Mo Day Year		Procedure Number		Fee
31 Remarks for unusual services										
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 and intend to collect for those procedures.								<b>Total Fee Charged</b>		
SIGNED (TREATING DENTIST)				LICENSE NUMBER		DATE				

A pre-treatment estimate is recommended for non-emergency treatment plans.

Prepaid dental products are provided by Union Security Insurance Company (Kansas City, MO), administered by Sun Life Assurance Company of Canada (SLOC) (Wellesley Hills, MA), and by prepaid dental companies affiliated with SLOC, in certain states except New York. Prepaid dental companies are Denticare of Alabama, Inc., United Dental Care of Arizona, Inc., UDC Dental California, Inc., United Dental Care of Colorado, Inc., Union Security DentalCare of Georgia, Inc., United Dental Care of Michigan, Inc., United Dental Care of Missouri, Inc., Union Security DentalCare of New Jersey, Inc., United Dental Care of New Mexico, Inc., UDC Ohio, Inc., United Dental Care of Texas, Inc., and United Dental Care of Utah, Inc. In New York, prepaid dental products are provided by Union Security Life Insurance Company of New York (Fayetteville, NY) and administered by Sun Life and Health Insurance Company (U.S.) (Windsor, CT).

**If you live in the states of Alaska, the following statement applies to you:**

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**If you live in the state of Alabama, the following statement applies to you:**

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.

**If you live in the states of Arizona, the following statement applies to you:**

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**If you live in the states of Arkansas, Louisiana, Massachusetts, Minnesota, New Mexico, Rhode Island, Texas or West Virginia, the following statement applies to you:**

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 for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**If you live in the state of California, the following statement applies to you:**

For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**If you live in Colorado, the following statement applies to you:**

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.

**If you live in Delaware, Idaho or Indiana, the following statement applies to you:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**If you live in the District of Columbia, the following statement applies to you:**

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 for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**If you live in the Florida, the following statement applies to you:**

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.

**If you live in the Kansas, the following statement applies to you:**

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 may be guilty of insurance fraud as determined by a court of law.

**If you live in the Kentucky, the following statement applies to you:**

Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

**If you live in the Maryland, the following statement applies to you:**

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.

**If you live in New Hampshire, the following statement applies to you:**

Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**If you live in the Kansas, the following statement applies to you:**

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 may be guilty of insurance fraud as determined by a court of law.

**If you live in the Kentucky, the following statement applies to you:**

Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

**If you live in the Maryland, the following statement applies to you:**

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.

**If you live in Maine, Tennessee or Washington, the following statement applies to you:** 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.

**If you live in New Hampshire, the following statement applies to you:**

Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**If you live in New Jersey the following statement applies to you:**

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**If you live in Ohio, the following statement applies to you:**

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.

**If you live in Oklahoma, the following statement applies to you:**

**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.

**If you live in Oregon or Virginia, the following statement applies to you:**

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 may have violated state law.

**If you live in Puerto Rico, the following statement applies to you:**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**If you live in Vermont, the following statement applies to you:**

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**If you live in a state other than mentioned above, the following statement applies to you:**

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 is a crime and subjects such person to criminal and civil penalties.