# **Dental Claim Statement**



Check one:										Carrier name and address:										
□Dentist's pre-treatment estimate										Sun Life Financial, PO Box 2940, Clinton, IA 52733-2940										
□Dentist's statement of actual services									T 800.442.7742											
Г	1 Patient name			2	2 Relationship to employee			3	3 Sex 4 Patient birthdate					5 If full-time student						
z				st	□Self □Child				M F	МО	D	AY	YR	So	chool					
뜮				□Spouse □Other		_						City								
PATIENT COVERAGE INFORMATION	6 Employee/subscriber name			7	7 Employee/subscriber 8 Emp			olov	ployee/subscriber 9 Employer				(company	)	10 Gro	oup number				
Ö	and mailing address			ľ					name and				address			.,				
Ž							МО		DAY	YR	ı									
19								$\perp$												
18	11 Is patient covered by another dental plan? ☐ Yes ☐ No				address of carrier(s)			12-b Group no(s).						13 Na	ime and a	r employer(s)				
5	If "Yes," complete 12-a.																			
Ö	ls patient covered by a medical plan? □Yes □No																			
N N N	medical plan? Lifes LiNo  14-a Employee/subscriber name  14-b Employee/subscriber							11	14-c Employee/subscriber 15 Relationship to patient											
Ϋ́	(if different than patient's)  14-b Employee/subscriber Soc. Sec. or I.D. no.								birthdate											
"	- 							MO DAY YR						Spouse   Other						
Ir	lave reviewed the following	treatme	nt plan. I a	uthorize re	elease of any i	nformatio	on relat-	Ιŀ	I hereby authorize payment of the dental benefits otherwise payable to me directly to											
	g to this claim. (I understa iis authorization is not gove							th	e below	named (	entity									
	ecute a HIPAA authorizatio																			
an	d disclose protected health	informa	ation.																	
<b>≥</b>	IGNED (PATIENT OR PARE		SIGNED (INSURED PERSON)  DATE																	
H	`				DATE															
	16 Name of Billing Dentis	t or Deni	iai Enuity					24 Is treatment result of occupational No Yes If "Yes," enter brief description and dates.								uales.				
ļΈ	17 Address where payment should be remitted								illness or injury?  25 Is treatment result											
BILLING DENTIST	7 Addisso whole payment should be formitted							of auto accident?												
峝	City, State, Zip							26 Other accident?												
2																				
盲	18 Dentist Soc. Sec. or TIN 19 Dentist license no. 20 Dentist phone no.													If "No," reason for replacement 28 Date of prior						
░							initial placement?							placement						
			of treatment 23 Radiographs or No Yes How models enclosed?									If services already Date appliances commenced, placed			ces Mos. treatment remaining					
<del> </del>		.												enter		·				
Ide	entify missing teeth with "X"	Tooth	amination ar	nd treatme	Description of Service			no.	no. 1 through tooth n			te Ser		arting syst	em showr	1.	For administrative			
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31 Remarks for unusual services															1					
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I hereby certify that the procedures as indicated by date have been completed and that the fees submitted are the														Total F		<u> </u>	1			
	ual fees I have charged an					ompieted	. and tile	ut tl	1669 5	Japinill	cu al	o are		Total Fee Charged						
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SIGNED (TREATING DENTIST) LICENSE NUMBER DATE																				
A pre-treatment estimate is recommended for non-emergency treatment plan											ent plans to				Max. allowable					
forewarn a claimant if a certain item or service has limited or no c															Deductible   Carrier %					
Ins	Insurance products are underwritten by Union Security Insurance Comparadministered by Sun Life Assurance Company of Canada (Wellesley Hills														Carrier pays					
															Patient pays					
															, -					

## 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 quilty 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 Page 2 of 3 KC2147A (10/2016)

#### 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.