## FSL ISSUELLE COMMANY

## GROUP DENTAL CLAIM FORM

MAIL TO: OptiMed Health Plans

22 Technology Parkway S. Suite 200 Peachtree Corners, GA 30092

$\overline{}$	Dentist's Pre-Treatment Estimate  Dentist's Statement of Actual Services  Check if this is you claim or if you have			a new address	REQUIREMENTS	PRE-DETERMINATION				
1 PATIEN	T'S NAME		INS	URED COM 2 RELATIONSHIP TO		3	PATIENT'S	BIRTHDATE		
4 INSURE	ED'S FIRST	INIT LA	ST	5 INSURED'S SOCI	AL SECURITY NUMB	BER	6		STUDENT, NAME OF OF SEMESTER HOURS	
7 ADDRES	SS			8	EMPLOYER/GRO	UPNUMBER				
9 CITY	S	STATE ZI	P	10 INSURED'S HOME	PHONE NUMBER	11 INSU	JRED'S WO	ORK PHONE N	UMBER	
	ENT COVERED BY A	NOTHER DENTAL F	PLAN?	13 NAME AND ADDR	ESS OF OTHER INSU	JRANCE CO	MPANY			
	F SPOUSE'S EMPLO	OYER 15	SPOUSE'S BIRTHDA	TE 16 GROUP	NUMBER	17 SPOUS	E'S SOCIA	AL SECURITY I	NUMBER	
DENTAL AUDIT. THIS AL AUTHOI NOTE agains: PATIEN	IHEREBY ACCEPT THE TREATMENT PLAN SPECIFIED BELOW AND AUTHORIZE MY DENTIST TO RELEASE ANY AND ALL MEDICAL INFORMATION (INCLUDING DENTAL INFORMATION) TO THE ABOVE NAMED ADMINISTRATOR FOR PURPOSES OF CLAIMS ADMINISTRATION AND EVALUATION, UTILIZATION REVIEW AND FINANCIAL AUDIT.  THIS AUTHORIZATION REMAINS VALID AND EFFECTIVE FROM THE DATE OF SIGNING UNTIL REVOKED IN WRITING. I UNDERSTAND THAT I MAY REQUEST A COPY OF THIS AUTHORIZATION.  NOTE TO ALL PARTIES COMPLETING THIS FORM: Any person who, with intent to defraud or knowing that he or she 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.  ***NOTICE - See State-Specific Fraud Notices on Last Page***  PATIENT'S SIGNATURE (UNLESS A MINOR)  DATE: (IF OTHER COVERAGE)									
19 I HEREBY AUTHORIZE PAYMENT OF BENEFITS DIRECTLY TO THE DENTIST NAMED BELOW BUT NOT TO EXCEED THE BENEFITS OTHERWISE PAYABLE TO ME UNDER THE PLAN.										
INSU	RED'S SIGNATURE		DEA	TIST COM	DIETE	DAT	ΓΕ			
20 DENTIST	'S NAME		DEN	29 IS TREATME a. Accide	NT RESULT OF:	NO	_	YES, ENTER BF TE:	RIEF DESCRIPTION AND	
21 ADDRESS	3			30 IS TREATME				SERVICES ALR TE APPLIANCE	EADY COMMENCED PLACED:	
22 CITY		STATE ZI	Р	31 IF PROSTHE IS THIS INITI.	SIS, OR CROWN, AL PLACEMENT?			NO, REASON FO TE OF PRIOR F	OR REPLACEMENT PLACEMENT	
23 DENTIST'S LICENSE NO		PROVIDER	( )	REPLACED E	TEETH BEING Y PROSTHESIS?		(M	ONTH & YEAR	,	
27 FIRST VISIT CURRENT S		28 ARE RADIOGRAF OR MODELS ENCLOSED?	NO YES		TIENT COVERED ANOTHER DENTAL N?		NA	ME OF CARRIE	R:	
INSURANCE REQUIRE FIXE-DETERMINATION AND SUBMISSION OF DIAGNOSTIC A-IXATS.							ADMINISTRATIVE USE ONLY			

PLEASE PLOT WORK	(
6 7 8 9 10 11 0 12 0 0 12 0 0 13 0 0 0 1 0 15 0 0 0 1 0 15 0 0 0 1 0 0 0 1 0 0 0 0	) )
32 T K 17 C 18 C	)

REMARKS FOR UNUS	SUAL SERVICES
Pre-treatment estimate	

Statement of Actual Services

REMARKS FOR	UNUSUAL	<b>SERVICES</b>

IMPORTANT: ALL TREATMENT PLANS IN EXCESS OF AMOUNT LISTED IN THE CERTIFICATE OF INSURANCE REQUIRE PRE-DETERMINATION AND SUBMISSION OF DIAGNOSTIC X-RAYS.  34 EXAMINATION AND TREATMENT PLAN – LIST IN TOOTH NUMBER ORDER						ADMINISTRATIVE USE ONLY						
TOOTH # OR	SURFACE (MO DO	DESCRIPTION OF SERVICE ONLY ONE SERVICE PER LINE	DATE SERVICE PERFORMED			ADA PROCEDURE	DENTIIST		PLAN ALLOWABLE		OVERRID E	
LETTER	ETC.		MO DAY YE		YR	NUMBER	FEE	<u> </u>	AMOUNT			
35		I HEREBY CERTIFY THAT SERVICES LISTED HAVE BEEN PERFORMED AND THAT THE FEES SHOWN ARE THE ACTUAL				36 TOTALFEE						
WORK COMPLETED		FEES CHARGED AND DO NOT EXCEED THE FEES CHARGED MY PRIVATE AND NON-INSURED PATIENTS.				PLAN ALLOWABLE						
PAYMENT REQUESTED		THE FOLLOWING IS REQUIRED IN CERTAIN STATES: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OF FRAUDULENT CLAIM FOR PAYMENT OF 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.			OR .	DEDUCTIBLE						
					AN	PLAN %						
						PLAN PAYS						
		DENTIST'S SIGNATURE ▶DATE				ANNUAL MAXIMUM						

IT IS FURTHER AGREED THAT WHEREIN THE DENTAL TREATMENT PROVIDED UNDER THIS PLAN DOES NOT CONFORM TO THE STANDARDS OF PRACTICE IN THE COMMUNITY, FSL RESERVES THE RIGHT TO DENY PAYMENT FOR SUCH SERVICES OR IN THE ALTERNATIVE SEEK REIMBURSEMENT FROM THE PROVIDING DENTIST.

## FRAUD NOTICE: For the states of AL, AZ, AR, CA, CO, DE, DC, FL, GA, IN, KS, KY, LA, MD, ME, NC, NE, NJ, NM, OK, OR, PA, RI, TN, TX, VA, VT, WA and WV, please refer to the following fraud notices:

**Alabama:** Any person who knowingly presents a false or fraudulent claim for payment of 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.

**Arizona:** 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.

**Arkansas, Louisiana, Rhode Island, West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment of 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.

**California:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents 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.

**Colorado:** 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.

**Delaware:** 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.

**District of Columbia:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida:** 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.

**Georgia, Oregon, Vermont:** Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**Indiana:** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**Kansas:** Any person who with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud as determined by a court of law.

**Kentucky:** 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.

**Maryland:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Maine, Tennessee, Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Nebraska:** Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing false, incomplete or misleading information is guilty of insurance fraud.

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

**New Mexico:** 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 civil fines and criminal penalties.

**North Carolina:** Any person with the intent to injure, defraud, or deceive an insurer or insurance claimant is guilty of a crime (Class H felony) which may subject the person to criminal and civil penalties.

**Oklahoma:** 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.

**Pennsylvania:** 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.

**Texas:** Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Virginia:** Any person who, with the 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.