



GROUP DENTAL CLAIM FORM

MAIL TO: OptiMed Health Plans
22 Technology Parkway S. Suite 200
Peachtree Corners, GA 30092

Check one:

- Dentist's Pre-Treatment Estimate
Dentist's Statement of Actual Services

Check if this is your first dental claim or if you have a new address

IMPORTANT
REFER TO THE CERTIFICATE OF INSURANCE FOR PRE-DETERMINATION REQUIREMENTS.

INSURED COMPLETE

1 PATIENT'S NAME, 2 RELATIONSHIP TO INSURED, 3 PATIENT'S BIRTHDATE, 4 INSURED'S FIRST INIT LAST, 5 INSURED'S SOCIAL SECURITY NUMBER, 6 IF FULL-TIME STUDENT, NAME OF SCHOOL / # OF SEMESTER HOURS, 7 ADDRESS, 8 EMPLOYER/GROUP NUMBER, 9 CITY STATE ZIP, 10 INSURED'S HOME PHONE NUMBER, 11 INSURED'S WORK PHONE NUMBER, 12 IS PATIENT COVERED BY ANOTHER DENTAL PLAN?, 13 NAME AND ADDRESS OF OTHER INSURANCE COMPANY, 14 NAME OF SPOUSE'S EMPLOYER, 15 SPOUSE'S BIRTHDATE, 16 GROUP NUMBER, 17 SPOUSE'S SOCIAL SECURITY NUMBER, 18 I HEREBY ACCEPT THE TREATMENT PLAN SPECIFIED BELOW AND AUTHORIZE MY DENTIST TO RELEASE ANY AND ALL MEDICAL INFORMATION...

DENTIST COMPLETE

20 DENTIST'S NAME, 21 ADDRESS, 22 CITY STATE ZIP, 23 DENTIST'S LICENSE NO., 24 TAX ID NO., 25 NATIONAL PROVIDER ID NO., 26 PHONE NUMBER, 27 FIRST VISIT DATE CURRENT SERIES, 28 ARE RADIOGRAPHS OR MODELS ENCLOSED?, 29 IS TREATMENT RESULT OF: a. Accident b. Occupational Injury, 30 IS TREATMENT FOR ORTHODONTIC PURPOSES?, 31 IF PROsthESIS, OR CROWN, IS THIS INITIAL PLACEMENT?, 32 ARE MISSING TEETH BEING REPLACED BY PROsthESIS?, 33 IS PATIENT COVERED BY ANOTHER DENTAL PLAN?, NAME OF CARRIER:

PLEASE PLOT WORK

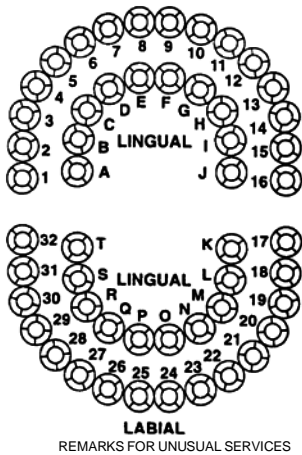


Table with columns: TOOTH # OR LETTER, SURFACE (MO DO) ETC., DESCRIPTION OF SERVICE ONLY ONE SERVICE PER LINE, DATE SERVICE PERFORMED (MO DAY YR), ADA PROCEDURE NUMBER, DENTIST FEE, PLAN ALLOWABLE AMOUNT, OVERRID E. Includes section 35 WORK COMPLETED PAYMENT REQUESTED and section 36 TOTAL FEE breakdown.

Pre-treatment estimate
Statement of Actual Services
REMARKS FOR UNUSUAL SERVICES

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.