Attending Dentist Statement

Check one: Dentist's pre-treatment estimate Dentist's statement of actual services					Anthem Dental P O BOX 1482 Minneapolis MN 55440-1482						
P Patient Name		Relationship to Employee		Minneapolis. MN 55440-1482 Sex Patient Birthdate		02	Full-Time Student Yes No				
A First M.I. Last		□ Self □Child □ Spouse □Other		M F U	(MN	/IDDICCYY)		School Name:	City:		
E Employee/subscriber name and mailing address N T		Employee/Subscriber ID or Soc Sec #			/Subscriber Employer (Company MM DD CCYY)		mpany) I	Name and Address	Group/Subgroup #		
I Is patent covered by another dental plan? Name and Address of Carrier(s) F □ Yes □ No O If yes, complete R Is patent covered by a medical plan? M □ Yes □ No			<u>.</u>	Group/Subgroup Number(s) Name and Address of other Employer(s)							
A Employee/Subscriber Name (if different than patient's)	Employee/Subscriber Name		Employee/Subscriber ID or Soc Sec #		Employee/Subscriber Birthdate (MM DD CCYY)			Relationship to Patient Self Parent Spouse Other			
I have reviewed the following treatment plan. I understand that I am responsible for all cost intent to defraud any insurance company or o of claim containing any materially false inform information concerning any fact material there and shall also be subject to a civil penalty not the claim for each such violation.	gly and with or statement. ng, is a crime,	with named dental entity. 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 me, fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be									
Signed (Patient or Parent, if minor) Date				Signed (Ins	ured F	Person)			Date		
CLAIM/TREATMENT INFORMATION											
Place of Treatment:						sures 🗆 Yes 🛛					
Is Treatment for Orthodontics? Yes No						Appliance Pla					
Months of Treatment: Replacement of Prothesis: Ves No				Date of Prior Placement (MM/DID/CCYY)							
Treatment Resulting from											
□ Occupational Illness/Injury □ Auto Accident □ Other Accident Date of Accident (MM/DD/CCYY) Auto Accident State:											
BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting				TREATING DENTIST AND TREATMENT LOCATION INFORMATION							
claim on behalf of the patient or insured/subscriber.) Name, Address, City, State, Zip Code				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. 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,							
NPI License Number TIN or SSN st					which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.						
Phone Number () - Additional Provider ID											
				gned (Treatin	g Dent	tist)		License Num	Date		
Diagnosis Code List Qualifier (ICD- 10 + AB) *Primary Diagnosis in "A"			NPI Addr	Address, City, State, Zip Code					Dei		
A B C		D						Provider Spec	ialty Code		
Identify missing teeth with an "X" Examination and treatment plan - List in order from tooth no. 1 through tooth no. 32 - Use charting system shown.											
To #	oth Surface D	Description of service Including x-rays, prophylaxis,			Da	ate of Service M DD CCYY	Procee	dure Fee	administrative use only		
							D				
$\begin{array}{c} 4 \\ 3 \\ 3 \\ 3 \\ 4 \\ 6 \\ 7 \\ 7 \\ 8 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1$					-				-		
					-				-		
법 법 전											
32 (f) ⁶ ⁶ (f) 17											
$\begin{array}{c} 31 \\ (+) \\ 20 \\ (+) \\ ($	_				_						
28 27 26 or or 23 22							Total	Fee			
Remarks for unusual services											