DELTA DENTAL®

Delta Dental of California

PO Box 997330
Sacramento, CA 95899-7330
888-335-8227

SUBSCRIBER INFORMATION

1. Policyholder / Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, ZIP Code

2. Date of Birth (MMDDCCYY)

3. Gender ☐ M ☐ F

4. Policyholder / Subscriber ID (SSN or ID#)

5. Plan or Group Number

6. Employer Name: Indian Health Council, Inc.

PATIENT INFORMATION

7. Relationship to Policyholder/Subscriber in #1 Above
☐ Self ☐ Spouse ☐ Dependent Child ☐ Other

8. Patient Name (Last, First, Middle Initial, Suffix), Address, City, State, ZIP Code

9. Date of Birth (MMDDCCYY)

10. Gender ☐ M ☐ F

11. Patient ID/Account # (Assigned by Dentist)

12. Remarks

TRANSACTION AND PREDETERMINATION INFORMATION

13. Type of Transaction (Mark all Applicable Boxes)
☐ Statement of Actual Services ☐ Request for Predetermination/Pre-treatment Estimate
☐ EPSDT/ Title XIX ☐ Encounter

14. Predetermination/ Pre-treatment Estimate Number

TREATMENT INFORMATION

15. Treatment Resulting From
☐ Occupational Illness/injury ☐ Auto accident ☐ Other accident

16. Date of Accident (MMDDCCYY)

17. Auto Accident State

18. Place of Treatment
☐ Provider's Office ☐ Hospital ☐ ECF ☐ Other

19. Number of Enclosures (00 to 99)
Radiograph(s) Oral Image(s) Model(s)

20. Is Treatment for Orthodontics?
☐ No (Skip 21-22) ☐ Yes (Complete 21-22)

21. Date Appliance Placed (MMDDCCYY)

22. Months of Treatment Remaining

23. Replacement of Prosthesis?
☐ No ☐ Yes (Complete 44)

24. Date of Prior Placement (MMDDCCYY)

OTHER INSURANCE COVERAGE

25. Other Coverage? ☒ None ☐ Dental (Complete 26-32) ☐ Medical (Complete 26-32)

26. Name of Other Coverage Policyholder / Subscriber (Last, First, Middle Initial, Suffix)

27. Date of Birth (MMDDCCYY)

28. Gender ☐ M ☐ F

29. Policyholder / Subscriber ID (SSN or ID#)

30. Plan or Group Number

31. Patient's Relationship to Person Named in #26
☐ Self ☐ Spouse ☐ Dependent ☐ Other

32. Other Insurance Company / Dental Benefit Plan Name, Address, City, State, ZIP Code

33. Diagnosis Codes | A. | B. | C. | D.

RECORD OF SERVICES PROVIDED

	34. Procedure Date (MMDDCCYY)	35. Area of Oral Cavity	36. Tooth Number(s) or Letter(s)	37. Tooth Surface	38. Quantity	39. Procedure Code	40. Diagnosis Pointer (A, B, etc.)	41. Description	42. Fee
1									
2									
3									
4									
5									
6									
7									
8									

MISSING TEETH INFORMATION

44. (Place an 'X' on each missing tooth)

Permanent																Primary										43. Total Fee	0.00
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	A	B	C	D	E	F	G	H	I	J		
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	T	S	R	Q	P	O	N	M	L	K		

AUTHORIZATION - RELEASE OF INFORMATION

45. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim.

X _____
Patient/Guardian signature Date

AUTHORIZATION - ASSIGNMENT OF BENEFITS

46. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity

X _____
Subscriber signature Date

BILLING DENTIST OR DENTAL ENTITY

47. Dentist or Entity Name, Address, City, State, ZIP Code

48. NPI

49. License Number

50. SSN or TIN

51. Phone Number

52. Additional Provider ID

TREATING DENTIST AND TREATMENT LOCATION INFORMATION

53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed

X _____
Signed (Treating Dentist) Date

54. Treatment Location Address, City, State, ZIP Code

55. NPI

56. License Number

57. Provider Specialty Code

58. Phone Number

59. Additional Provider ID

Claim Form Disclosure

You may be subject to civil and criminal penalties for knowingly providing false or misleading information.

Alabama: 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. **Alaska**: 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 this title. **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:** Any person who knowingly presents a false or fraudulent claim for payment for 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. **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 insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree. **Hawaii:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both. **Idaho:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony. **Indiana:** Any person who knowingly, and with intent to defraud an insurer, files a statement of claim containing false, incomplete or misleading information commits a felony. **Kansas:** Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties. **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 any fact material thereto commits a fraudulent insurance act, which is a crime. **Louisiana:** 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. **Maine:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. **Maryland:** Any person who knowingly and willfully presents a false or fraudulent claim for payment for 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. **Minnesota:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime. **New Hampshire:** 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 R.S.A. 638.20. **New Jersey:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to civil and criminal 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. **New York:** 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 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. **Ohio:** 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 is guilty of insurance fraud. **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. **Puerto Rico:** Any person who knowingly and with the intention to defraud presents false information in an insurance application or, who presents helps or has a fraudulent claim presented for the payment of a loss or other benefit, or presents more than one claim for the same loss or damage, will incur in a felony and if convicted, will be sanctioned for each violation with a fine of no less than five thousand ($5,000) dollars or no more than ten thousand ($10,000) dollars or imprisonment by the fixed term of three years, or both punishments. With aggravating circumstances the fixed term of the punishment could go up to five (5) years; with mitigating circumstances the punishment could be reduced to a minimum of two (2) years. **Rhode Island:** 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. **Tennessee:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. **Utah:** Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison. **Virginia:** 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. **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 include imprisonment, fines, and denial of insurance benefits. **West Virginia:** 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.