

BEST LIFE and Health Insurance Company PO. Box 890 Meridian, ID 83680-0890 800.433.0088 | Fax 208.893.5040

IMPORTANT

Predetermination is required for all treatment plans in excess of the amount listed in the insurance policy. Refer to the Certificate of Insurance for predetermination requirements.

ELECTRONIC PAYER ID NUMBER 95604

CHECK HERE IF THIS IS YOUR FIRST DENTAL CLAIM OR IF YOU HAVE MOVED SINCE YOUR LAST CLAIM 🔲

EMPLOYEE COMPLETE																				
l Patient's name		2 Relat	tionship to	o employee									studer	nt – nan	ne of scho	ool? 5 Grou		Group number		
6 Employee name First		Middle initial				Last				7 Emp			ployee social security numb			iber				
8 Address								9 Employer												
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II City State				Zip				I2 Employee p			phone r	hone number 13			arital Status I4 D			Date employed		
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Is employee or spouse covere by another dental plan	Name and address of other insura				nce company								17 Spouse's date of birth							
18 Name of spouse's employer		l9 ID number				20 Group number				2I Spouse				ecurity nu						
To Thaine of spouse's employer				17 IB Hamber				20 Group number						орошь	o o o o ciai o	_	_			
22 If injured how and where did accident happen?												23		ident h Yes	appen at v	work?	24	Date of accident		
I hereby accept the treatment plan and evaluation utilization, review a																				
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Patient's Signature											Spouse's Signature									
(Unless a minor)					D	ate				(If other cover	age) /									
						DEN	ITIST	Γ	COME	PLETE										
26 Dentist name									27 Is treatment a result of accident or occupational injury?			Yes	If Yes,	enter b	nter brief description					
28 Address									eatment 1 coses?	for orthodont	ic									
30 City State Zip									osthesis, initial pla	or crown, is cement?			If servi	ces alre	s already commenced, date appliance placed					
32 Dentist license no 33 Tax ID number 34 Phone number						per	35 Are missing teeth being						If no, r	no, reason for replacement, Date of prior placement						
				()				replaced by prosthesis>												
36 First visit date current series		radiographs or models No Yes How many? losed?							atient cov ther dent				Name of insurance company							
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PLEASE PLOT WORK Identify missing teeth with	" _Y "	39 Exami	nation an			•		spre-determination and subserverser				3dDITISSION OF GIAE				x rays.		Ose only		
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Remarks for Unusual Servi	reques		Dentist Signature							Date			Deductible			-				
Post treatment x-rays are		42 Assignr		I hereby authorize payment of bene-				×ts directly to the dentist named abo							Plan % Plan Pays					
required when submitting for payment if indicated	g	of benefits		benexts otherwise payable to me u																
below.		Patient's parent)	rent) X																	
signature									Da	te		Annual Maximum			<u> </u>					

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.

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 state law.

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.

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: The following statement is required by Arkansas Law

23-66-503(a): 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.

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: COLORADO LAW REQUIRES US TO NOTIFY YOU OF THE FOLLOWING: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to any 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.

DC: The District of Columbia requires us to notify you of the following:

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: FLORIDA LAW REQUIRES US TO NOTIFY YOU OF THE FOLLOWING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii: Hawaii Law requires us to notify you of the following: For your protection, Hawaii law requires you 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: IDAHO LAW REQUIRES US TO NOTIFY YOU OF THE FOLLOWING: Any person who knowingly, and with intent to defraud any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

Indiana: INDIANA LAW REQUIRES US TO NOTIFY YOU OF THE FOLLOWING: 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.

Kentucky and 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.

Louisiana and 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.

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.

New Mexico: New Mexico state law requires us to notify you of the

following: 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 guilt of a crime and may be subject to civil fines and criminal penalties.

Ohio: 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.

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.

Oregon: 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 may be a crime and may subject such person to criminal and civil penalties.

Pennsylvania: THE COMMONWEALTH OF PENNSYLVANIA REQUIRES US TO NOTIFY YOU OF THE FOLLOWING: 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.

Tennessee: TENNESSEE STATE LAW REQUIRES US TO NOTIFY YOU OF THE

FOLLOWING: "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."

Texas: Texas law requires us to notify you of the following: 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.

Virginia: THE COMMONWEALTH OF VIRGINIA REQUIRES US TO NOTIFY YOU OF THE

FOLLOWING: 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.

 $\textbf{Washington:} \ \textbf{THE STATE OF WASHINGTON REQUIRES US TO NOTIFY YOU OF THE} \\$

FOLLOWING: "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."

All other states: Any person who knowingly, and with intent to injure, defraud or deceive any insurer or insurance company, files a statement of claim containing any materially false, incomplete, or misleading information or conceals any fact material thereto, may be guilty of a fraudulent act, may be prosecuted under state law and may be subject to civil and criminal penalties. In addition, any insurer or insurance company may deny benefits if false information is related to a claim by the claimant.