

CLAIM FOR DENTAL, VISION, AND HEARING EXPENSE BENEFITS

Submit x-rays with:

- treatments involving gold restoration, crowns, root canals, or bridgework
- X-RAYS MAY BE REQUESTED FOR OTHER SERVICES

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.

MAIL TO:

MANHATTANLIFE
CLAIMS DEPARTMENT
P.O. BOX 925309
HOUSTON, TX 77292-2728

FAX: 713-583-0677

PART 1

1. Patient Name		2. Relationship to Employee				3. Sex		4. Patient Birthday			5. If full time student	
		Self	Spouse	Child	Other	M	F	MO	Day	Year	School	City
6. Employee First Middle Last			7. Employee Social Security No.			8. Group number if known						
9. Employee Mailing Address								City, State			Zip	
10. I have reviewed the following treatment plan. I authorize release of any information relating to this claim. Patient's Signature (Parent if minor).												

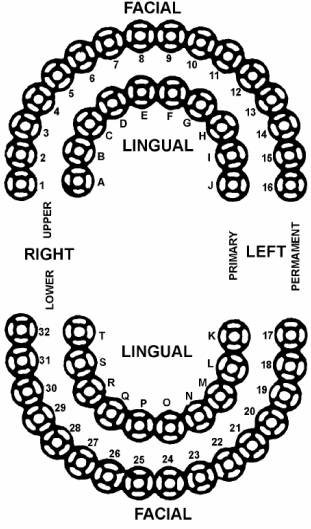
PART 2

11. Dentist Name First Middle Last			
12. Mailing Address		City, State	Zip

TO BE COMPLETED BY DENTIST

13. Dentist Soc. Sec. or ITIN	14. Dentist License No.	15. Dentist Phone No.	16. First Visit Date Current Series	17. Place of Treatment Office Hosp. ECF Other				18. Radiographs or Models Enclosed?	No	Yes	How Many?
-------------------------------	-------------------------	-----------------------	--	--	--	--	--	--	----	-----	-----------

19. Dentist - Check One <input type="checkbox"/> Pretreatment Estimate <input type="checkbox"/> Statement of Actual Services	32. Examination and treatment Plan - List in order from tooth number 1 through tooth number 32 Use chart system shown								For Home Office Only	
	Tooth No. or Ltr.	Surface	Description of Services (including X-rays, Prophyaxis Materials Used, etc.)	Date Service Performed			Procedure Code	Fee	Schedule	
Mo.				Day	Yr.	<input type="checkbox"/> Schedule			<input type="checkbox"/> Other	



Dental Unit Use		These benefits will, subject to Policy provisions, be payable if the described procedures are performed while the patient is insured with ManhattanLife Assurance Company of America	Total Fee Actually Charged	Deductible
Employee Eligible Date _____			Patient pays	Insurance will pay
Employee Effective Date _____				
Termination Date _____				
Verified By _____				
Date _____				
Part 3 TO BE COMPLETED BY DENTIST				
I hereby certify that the services listed above have been performed on the above named patient on the dates indicated				
Dentist Signature _____		Date _____		



Dental

Claim Filing

A dental insurance claim form is submitted to request payment for services rendered or to file for per-authorization of services to be performed. We accept the ADA's (American Dental Association) standardized dental insurance claim form.

In the information section of the form, you or the dentist must fill in the following information.

- Insured's full name and address
- Insured's ID Number
- The name and date of birth of the insured receiving the dental services.

Attachment of Supporting Documentation

You should substantiate your dental insurance claim expenses by attaching itemized bills and receipts, which contain the following information.

- Insured's full name and address
- Insured's ID number
- Provider's name and address
- Dates that dental care or treatment was provided
- Dentist's Tax ID Number
- Dates that services or treatment were received
- Tooth surface(s) and tooth number(s), arch, quadrant
- ADA procedure codes
- Description of each treatment
- Charge for each service

If your Dental Care Provider Files the Claim for You

Many dental offices will file the claim on your behalf. Some may ask that you pay your share of the cost at the time of the visit. Show your ManhattanLife Assurance Company of America ID card to your dental care provider.

All claims be submitted to ManhattanLife Assurance Company of America by mail or fax.

ManhattanLife Assurance Company of America

Claims Department

P.O. Box 925309

Houston, Texas 77292-4408

Fax: 713-583-0677

www.manhattanlife.com