

Dental Claim Information

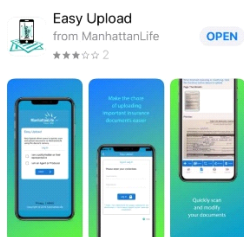
1. Choose your own dentist (additional savings may be available if dentist is in Careington/ Dentemax Network).
2. Three ways to find a dentist who participates in this Network:
 - Go to www.careington.com/co/maxcare
 - Call Careington at (800) 290-0523, Monday through Friday, 7 a.m. to 7 p.m. Central Time
 - Call ManhattanLife Customer Service Department at (800) 999-2971 as they will be happy to assist you.
3. MAKE SURE YOU TAKE YOUR CARD IN WHEN YOU GO TO YOU OFFICE VISIT.
 - Your insurance identification card should have the Careington Maximum Care PPO logo on it.
4. Voluntary use of this Network may help you save money on your dental treatment. If you go outside the Network, you will have to file the visit with ManhattanLife and will be reimbursed directly from them.

If you need to file your claim there are three options available.

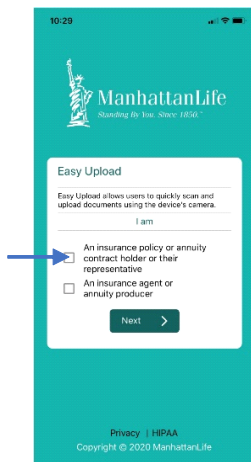
- Easy Upload App. (phone) - Use Invoice
- Easy Form Upload (online) - Use Invoice
- ManhattanLife Form to be filled out by dentist – Mail or Fax

On the Easy Upload Mobile:

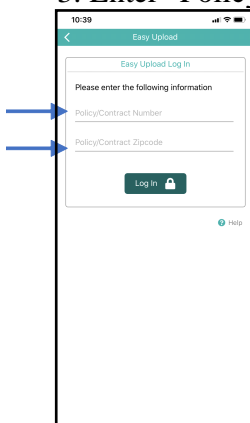
1. Download Easy Upload App.



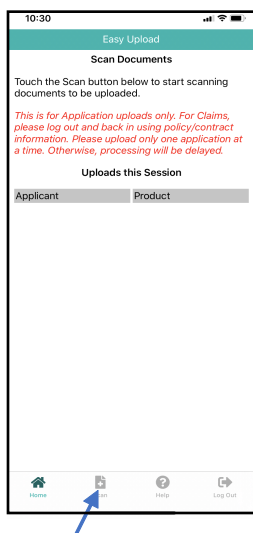
2. Mark box “An insurance policy or annuity contract holder or their representative”



3. Enter "Policy/Contract Number" and "Zipcode"



4. Hit "Scan" button and push “blue button” to take picture then hit “Continue”



5. Push "Claims" box then hit "Upload"

3:12

Easy Upload

Document Page Count: 2

Policy No: 253336

Choose Form Type :

- ☒ Claims
Examples: Accident, Medical, Disability, Income, Life, etc.
- ☐ Policy Servicing
Examples: Name and Address Change, Surrender/Withdrawal Requests, Coverage Change/Cancellations, etc.
- ☐ Premium Inquiries
Examples: Bank Draft Authorization, Payment mode/method changes, Paid to Date Inquiries, etc.
- ☐ Cancer/Wellness Screening Benefit
Examples: Mammogram, PAP, PPS Test, Chest X-Rays, etc.

Upload

6. The screen will say "Success"

3:13

Easy Upload

Document Page Count: 2

Policy No: 253336

Choose Form Type :

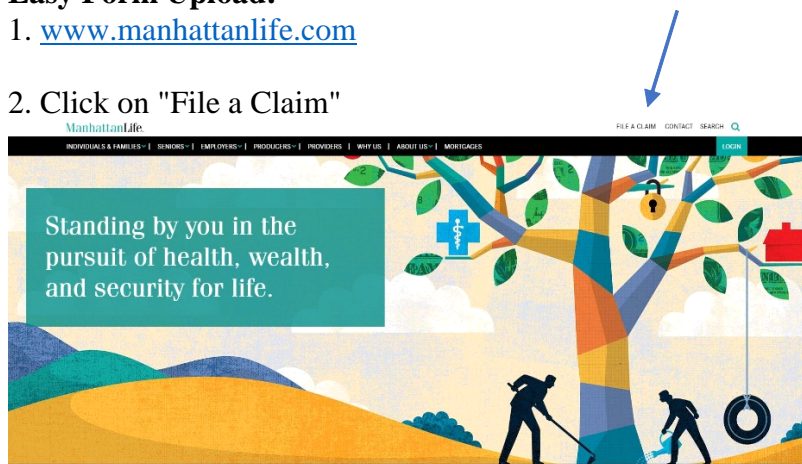
- ☐ Claims
Examples: Accident, Medical, Disability, Income, Life, etc.
- ☐ Policy Servicing
Examples: Name and Address Change, Surrender/Withdrawal Requests, Coverage Change/Cancellations, etc.
- ☒ **Success**
File Upload Successful
Ok
- ☒ Cancer/Wellness Screening Benefit
Examples: Mammogram, PAP, PPS Test, Chest X-Rays, etc.

Upload

Easy Form Upload:

1. www.manhattanlife.com

2. Click on "File a Claim"



3. Click on "Contract/Policy Holder"

The image shows the top portion of the ManhattanLife website. The header includes the ManhattanLife logo with the tagline 'Building On Your Better Future' and navigation links for 'INDIVIDUALS & FAMILIES', 'SENIORS', 'EMPLOYERS', 'PRODUCERS', 'PROVIDERS', 'WHY US', 'ABOUT US', and 'MORTGAGES'. A 'LOG IN' button is on the right. Below the header, a section titled 'Need to file a claim?' provides instructions on how to process a claim. It lists three steps: 1. Select the appropriate form category to the right, 2. Locate the form, and 3. Visit the Contract/Policy Holder website to submit it online or use the Easy Upload mobile app. A blue arrow points to the 'Contract/Policy Holder' link in step 3. To the right, a 'FORM CATEGORIES' list includes ANNUITY, INDIVIDUAL AND WORKSITE, MEDICARE SUPPLEMENT, MORTGAGE PROTECTION, and VOLUNTARY BENEFITS (Formerly Humana, Inc.). Below this, a light blue box titled 'TO VIEW OR PRINT DOCUMENTS:' explains that Adobe Acrobat Reader is needed to view documents. Another section titled 'EASY UPLOAD MOBILE APP:' describes the app's functionality. An image of a smartphone displaying the app interface is shown on the right.

ManhattanLife
Building On Your Better Future

INDIVIDUALS & FAMILIES | SENIORS | EMPLOYERS | PRODUCERS | PROVIDERS | WHY US | ABOUT US | MORTGAGES | LOG IN

Need to file a claim?

TO PROCESS A CLAIM, PLEASE:

1. Select the appropriate form category to the right.
2. Locate the form.
3. Visit the **Contract/Policy Holder** website to submit it online or use the **Easy Upload mobile app** for iOS and Android and simply scan the documents with your device's camera into our system.

If you need assistance, please call your agent or contact us.

TO VIEW OR PRINT DOCUMENTS:

To view and print these documents, you will need Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you may download a [free copy here](#).

EASY UPLOAD MOBILE APP:

The **Easy Upload mobile app** or the **Easy Form Upload** tool found on the Client Services site can be used to securely send documents to us regarding a specific Life & Health policy or Annuity contract, even if you aren't a registered contract/policy holder. Simply click on the Start Uploading button. You will need to know the contract/policy number and the owner's zip code to use this feature.

FORM CATEGORIES

- ANNUITY
- INDIVIDUAL AND WORKSITE +
- MEDICARE SUPPLEMENT
- MORTGAGE PROTECTION
- VOLUNTARY BENEFITS (Formerly Humana, Inc.)

4. Click on "Start Uploading"

This screenshot shows the 'CLIENT SERVICES' login page. On the left, there is an 'Account Login' section with fields for 'Username' and 'Password', a 'Remember UserName' checkbox, and a 'Login' button. Below these fields are links for 'Need Help?', 'I forgot my info', and 'I want to register'. On the right, there is a large image of a person's hands holding a smartphone. Below the image, the 'Easy Form Upload' section is visible, featuring a 'Try the Mobile App' link and a list of steps: 'Verify...', 'Choose...', 'Attach...', and 'Send...'. A blue arrow points to the 'Start Uploading' button at the bottom of this section. A 'Click To Chat' button is located in the bottom right corner.

CLIENT SERVICES

Account Login

Please Enter Your Information

Username

Password

☐ Remember UserName

Login

By logging in or registering, you acknowledge and agree to be bound by the Terms and Conditions for this website.

Available on the App Store

Available on Google play

Need Help?

I forgot my info

I want to register

Easy Form Upload

Try the Mobile App

Introducing the Easy Form Upload tool. Upload your form instantly in 4 Easy Steps...

☒ Verify... ☒ Choose... ☒ Attach... ☒ Send...

Start Uploading

Click To Chat

5. Need to add policy # and zip code

6. Click on "Claims" button

7. Click on the "browse" and upload the pdf claim that you scanned and saved on your computer

8. Click "Upload Form" and you will receive a message that you form has been submitted.

This screenshot shows the 'Easy Form Upload' process. It starts with a step to 'Enter a valid policy or contract number, its zip code, and click Submit.' The 'Number' field contains '*****' and the 'ZipCode' field contains '65203'. A 'Submit' button is next to the fields, and a 'Policy Verified' message is displayed. The next step is to 'Choose Form Type (hover over Form Type for more information)'. The 'Claims' option is selected. The third step is to 'Attach your form in PDF format.' A 'Browse...' button is shown, and a message says 'No file selected.' The final step is to 'Click the Upload button to Send the form.' An 'Upload Form' button is shown. A blue arrow points to the 'Upload Form' button. A 'Click To Chat' button is in the bottom right corner.

Easy Form Upload

Try the Mobile App

1 Enter a valid policy or contract number, its zip code, and click Submit.

Number ***** ZipCode 65203

Submit

Policy Verified

2 Choose Form Type (hover over Form Type for more information).

Claims

Policy Servicing

Premium

3 Attach your form in PDF format.

Browse... No file selected.

4 Click the Upload button to Send the form.

Upload Form

Click To Chat

CLAIM FOR DENTAL 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:

CLAIMS DEPARTMENT

P.O. BOX 925309

HOUSTON, TX 77292-2728

FAX TO: 713-583-0677

PART 1

1. Patient Name		2. Relationship to Employee Self Spouse Child Other				3. Sex M F		4. Patient Birthday MO Day Year			5. If full time student 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, Prophylaxis Materials Used, etc.)	Date Service Performed Mo. Day Yr.			Procedure Code	Fee	<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						
Employee Eligible Date _____			Deductible											
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 _____			
											Patient pays			
											Insurance will pay			

☐ Please pay all dental/vision benefits to **provider**.

☐ Please pay all dental/vision benefits to **insured**