DELTA DENTAL

Dental Plan Claim Form

Delta Dental of Arizona

P.O. Box 43000 Phoenix, AZ 85080-3000
Phone 602.938.3131 Toll 800.352.6132

Policyholder

1. Policyholder SSN/ID#	2. Birth Date - -	3. Gender
4. Policyholder Name (Last, First, M.I., Suffix)		
5. Policyholder Address		
6. Policyholder City, State, Zip		
7. Policyholder Employer	8. Plan/Group #	

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

Signed: ______________________ Date: - -

Patient

9. Patient Name (Last, First, M.I., Suffix)		10. Gender
11. Relationship to Policyholder	12. Birth Date - -	13. Student ☐

I have been informed of the treatment plan and associated fees. I agree to be responsible for 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.

Signed: ______________________ Date: - -
Parent or Guardian

Insurance Information

14. Primary Insurance Company	
15. Primary Insurance Address, City, State, Zip	16. Primary Insurance Payment

17. Transaction Type: ☐ Statement of Service ☐ Request for Predetermination/Preauthorization

Other Coverage

18. Secondary Coverage: ☐ Yes ☐ No If Yes: ☐ Dental ☐ Medical			19. Name of Policyholder (Last, First, M.I., Suffix)	
20. Relationship to Policyholder	21. Birth Date - -	22. Gender	23. Covered SSN/ID#	24. Plan/Group #
25. Secondary Insurance Company			26. Predetermination/Preauthorization Number	
27. Secondary Insurance Address, City, State, Zip				

Ancillary Information

28. Place of Treatment (circle): Provider's Office Hospital ECF

29. Number of enclosures (0 to 99): Radiograph(s): Oral Image(s): Model(s): Charting:

30. Prosthesis Placed: ☐ Initial Placement ☐ Prior Placement | 31. Prior Placement Date - -

32. Treatment resulting from: ☐ Occupational Injury/Illness ☐ Auto Accident ☐ Other Accident | 33. Accident Date - - | 34. Accident State

☐ 35. Treatment for Orthodontics | 36. Placed Date - - | 37. Months Remaining

Provider Information

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

Dentist Signature: ______________________ Date: - -

38. Treating Provider Name (Last, First, M.I., Suffix)			39. Phone
40. Treating Provider Address, City, State, Zip			41. Taxonomy Code
42. Provider NPI# (Type 1)	43. License #/Other ID	44. Provider Billing NPI# (Type 2)	45. License #/Other ID
46. Provider Billing Name (Last, First, M.I., Suffix)		47. Provider Billing SSN/TIN#	48. Phone
49. Provider Billing Address, City, State, Zip			

Services

50. Check missing tooth number(s)

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

51. Procedure Date	52. Oral Cavity	53. Tooth #/Letter	54. Tooth Surface	55. Diagnostic Codes	56. Procedure Code	57. Treatment	58. Fee
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For your protection, AZ law (§20-466.03) requires this statement:

Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

59. Remarks	**60. Total Fee**

Delta Dental of Arizona

General Instructions

- **A.** All Items in the form must be completed unless it is noted on the form or in the following instructions that completion is not required.
- **B.** When a name and address field is required, the full name of an individual or a full business name, address and zip code must be entered.
- **C.** All dates must include the four-digit year.
- **D.** If the number of procedures reported exceeds the number of lines available on one claim form, the remaining procedures must be listed on a separate, fully completed claim form.

Coordination of Benefits (COB)

When a claim is being submitted to the secondary payer, complete the form in its entirety and attach the primary payer's Explanation of Benefits (EOB) showing the amount paid by the primary payer. You may indicate the amount of the primary carrier paid in the "Remarks" field.

National Provider Identifier (NPI)

NPI (National Provider Identifier): This is an identifier assigned by the Federal government to all providers considered to be HIPAA covered entities. Dentists who are not covered entities may elect to obtain an NPI at their discretion, or may be enumerated if required by a participating provider agreement with a third-party payer or acceptable state/law regulation. An NPI is unique to an individual dentist (Type 1 NPI) or dental entity (Type 2 NPI), and has no intrinsic meaning. Additional information on NPI and enumeration can be obtained from the ADA's Internet Web Site: www.ada.org/goto/npi

Additional Provider Identifier

Additional Provider ID: This is an identifier assigned to the billing dentist or dental entity other than a Social Security Number (SSN) or Tax Identification Number (TIN). It is not the provider's NPI. The additional identifier is sometimes referred to as a Legacy Identifier (LID). LIDs may not be unique as they are assigned by different entities (e.g., third-party payer, Federal government). Some Legacy ID's have an intrinsic meaning.

Provider Specialty Codes

Provider Specialty Code: Enter the code that indicates the type of dental professional who delivered the treatment. Available codes describing dentists are listed below. The general code listed as "Dentist" may be used instead of any other dental practitioner code.

Category / Description Code	Code
Dentist A dentist is a person qualified by a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.) licensed by the state to practice dentistry, and practicing within the scope of that license.	122300000X
General Practice	1223G0001X
Dental Specialty (see following list)	Various
Dental Public Health	1223D0001X
Endodontics	1223E0200X
Orthodontics	1223X0400X
Pediatric Dentistry	1223P0221X
Periodontics	1223P0300X
Prosthodontics	1223P0700X
Oral & Maxillofacial Pathology	1223P0106X
Oral & Maxillofacial Radiology	1223D0008X
Oral & Maxillofacial Surgery	1223S0112X

Dental provider taxonomy codes listed above are a subset of the full code set that is posted at: www.wpc-edi.com/codes/taxonomy