

- **This form should be completed and submitted if an itemized bill is not provided to accompany the Claim Form (GR-68069) and/or if treatment is for other than an examination, cleaning or x-rays. The Summary of Reimbursement section of the Dental Benefit Request form will identify the party to whom benefit payments should be made payable/sent.**
- Fully itemized bills and receipts should include: Patient's name and relationship to employee, Provider Name/address/telephone number, condition being treated, date of service, type of service rendered and the tooth or teeth affected by treatment, amount charged, and procedures performed. If this information is not shown, you may hand-write it on the bill/receipt and sign your name.
- If fully itemized bills are not provided or if services rendered are for other than examinations, cleanings or x-rays, Provider's should complete this form and attach it to all bills and a completed **Claim Form (GR-68069-4)**, and mail them to the address on the back of the member's insurance Identification Card or **Aetna International, PO Box 981543, El Paso, TX, 79998-1543, U.S.A.**

- If this is for a pre-treatment estimate, leave the date blank for those services that have not been completed. Our estimate and your X-rays will be returned to you promptly. Estimates are subject to deductible and plan maximums and may be reduced by payments made before these services are rendered. The estimate is based on the assumption the patient will receive the services while covered and the treatment plan does not change. Actual payment may differ from the estimate.

Indicate date of treatment only when treatment has been completed. Describe any changes in the treatment plan.

- Submit X-rays with:
 - request for pre-treatment estimates
 - treatments involving gold restorations, crowns, implants or bridgework.
- X-rays may be requested for other service.
- Identify any missing teeth and date extracted on the tooth chart below.

Patient Information (Type or Print)

1. Patient's Name (first, middle initial, last name)	2. Patient's Date of Birth (mm/dd/yyyy)	3. Employee's Name
4. Employee's Social Security/I.D. Number	5. Employee's Employer Dept. of Defense Nonappropriated Fund Health Benefits Program	Aetna Policy/Grp Number

Dentist's Information (To be completed by dentist and returned to employee if an itemized bill is not provided to accompany the claim form and/or if treatment is for other than an examination, cleanings, or x-rays.)

6. This is a <input type="checkbox"/> Request for pre-treatment estimate <input type="checkbox"/> Statement of services rendered		
7. Dentist's Name & Address (include ZIP code)	8. Telephone No. ()	9. Dentist License No.
10. If applicable, enter the taxpayer identifying number to be used for U.S. 1099 reporting purposes. You are required under authority of U.S. law to furnish your taxpayer identifying number.		
11. First Visit Date Current Series	12. Place of Treatment <input type="checkbox"/> Office <input type="checkbox"/> Hosp. <input type="checkbox"/> ECF <input type="checkbox"/> Other	13. Radiographs or models enclosed? <input type="checkbox"/> No <input type="checkbox"/> Yes How many?
Is treatment result of:	No	Yes
14. occupational illness or injury?		
15. auto accident?		
16. other accident?		
17. Are any services covered by another plan?		
18. If prosthesis, is this initial placement?		
19. Is treatment for orthodontics?		
If Yes, enter brief description and dates:		
If No, date of prior placement and reason for replacement: Date appliance placed: _____ Initial Appliance Fee: _____ No. of months of treatment: _____ Monthly Fee: _____ Mos. of treatment remaining: _____ Total Case Fee: _____		

20. To expedite claim handling, identify all missing teeth with "X"	21. Examination and treatment plan. List in order from tooth no. 1 through tooth no. 32. Use charting system shown.						
	Tooth # or Letter	If Previously Extracted, Give Date	Surface	Description of Service (x-rays, prophylaxis, materials used, etc.)	Date Service Performed (mm/dd/yyyy)	Procedure Number	Fee
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22. I hereby certify that the procedures as indicated by date have been completed and that the fees submitted are the actual fees I have charged this patient and intend to accept for those procedures.	Total charge \$ _____
Dentist's Signature _____ Date _____	Amount paid \$ _____
	Balance due \$ _____

Any person who knowingly and with intent to injure, defraud or deceive any 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 may subject such person to criminal and/or civil penalties.

United States Fraud Statements Below:

Attention Alabama Residents: 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.

Attention Arkansas, District of Columbia, Rhode Island and West Virginia Residents: 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.

Attention California Residents: For your protection California law requires notice of the following to appear on this form: 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.

Attention Colorado Residents: 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.

Attention Florida Residents: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Attention Kansas and Missouri Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may have violated state law.

Attention Kentucky Residents: 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 concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Attention Louisiana Residents: 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 is guilty of a crime and may be subject to fines and confinement in prison.

Attention Maine and Tennessee Residents: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

Attention Maryland Residents: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Attention New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy or knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Attention New York Residents: 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 shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Attention North Carolina Residents: Any person who knowingly and with intent to injure, defraud or deceive 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 subjects such person to criminal and civil penalties.

Attention Ohio Residents: 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.

Attention Oklahoma Residents: 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.

Attention Oregon Residents: Any person who with intent to injure, defraud, or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may have violated state law.

Attention Pennsylvania Residents: 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.

Attention Puerto Rico Residents: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Attention Texas Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any intentional misrepresentation of material fact or conceals, for the purpose of misleading, information concerning any fact material thereto may commit a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

Attention Vermont Residents: Any person who knowingly and with intent to injure, defraud or deceive 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.

Attention Virginia Residents: Any person who knowingly and with intent to injure, defraud or deceive 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 act, which is a crime and subjects such person to criminal and civil penalties.

Attention Washington Residents: 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.