

PLEASE REVIEW BEFORE SUBMITTING CLAIM

INFORMATION FOR PATIENT

1. Complete items one (1) through fifteen (15) in full to assist with positive identification and prompt payment. Please print or type. Your group and Subscriber Identification number can be found on your member ID card.
2. You must sign the claim form under the Patient Information section indicating that the information is correct and authorizing payment.
3. The patient (or parent, if the patient is a minor) must sign the "Authorization to Release Information".
4. If total charges for the planned course of treatment can reasonably be expected to be \$300 or more, it is recommended that a pre-treatment estimate be submitted prior to the commencement of the course of treatment. Blue Cross and Blue Shield of Texas (BCBSTX) will notify you and your dentist of benefits payable.

Estimated benefits are subject to your coverage being in force at time services are performed and are subject to the specific limitations and exclusions listed in your benefit plan.

Please refer to your Certificate of Coverage for a description of covered services, percentage of fees payable, limitations and exclusions.

The completed form should be mailed to the address shown below.

NOTE: Any person who knowingly presents false, incomplete or misleading information is guilty of a crime and is subject to a fine or imprisonment or both.

INFORMATION FOR ATTENDING DENTIST

1. Complete items 16 through 28 and item 29 on the claim form.
2. If total charges for the planned course of treatment can reasonably be expected to be \$300 or more, it is recommended that a pre-treatment estimate be submitted prior to the commencement of the course of treatment. BCBSTX will notify you and your patient of benefits payable.

You and your patient are free to pursue any treatment plan mutually agreed upon. Pre-estimation of benefits is only intended to avoid any misunderstanding among the patient, the dentist and BCBSTX, concerning the benefits allowed under terms of the coverage.

3. Generally, radiographs will not be required when submitting a claim. However, pre-operative radiographs may be requested in certain situations for dental consultant use in benefit determination.
4. If the subscriber has so authorized, benefit payment will be made directly to you.

NOTE: Any person who knowingly presents false, incomplete or misleading information is guilty of a crime and is subject to a fine or imprisonment or both.

Mail Completed Form to: BLUE CROSS AND BLUE SHIELD OF TEXAS
P.O. BOX 660247
DALLAS, TX 75226-0247

Health care coverage is important for everyone.

We provide free communication aids and services for anyone with a disability or who needs language assistance.
We do not discriminate on the basis of race, color, national origin, sex, gender identity, age or disability.

To receive language or communication assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator
300 E. Randolph St.
35th Floor
Chicago, Illinois 60601

Phone: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960
Email: CivilRightsCoordinator@hcsc.net

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building 1019
Washington, DC 20201

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint Forms: <http://www.hhs.gov/ocr/office/file/index.html>

If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984

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| العربية Arabic | إن كان لديك أو لدى شخص تساعدك أسئلة، ف لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم فوري، اتصل على الرقم 855-710-6984. |
| 繁體中文 Chinese | 如果您, 或您正在協助的對象, 對此有疑問, 您有權利免費以您的母語獲得幫助和訊息。洽詢一位翻譯員, 請撥電話 號碼 855-710-6984. |
| Français French | Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 855-710-6984. |
| Deutsch German | Falls Sie oder jemand, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 855-710-6984 an. |
| ગુજરાતી Gujarati | જો તમને અથવા તમે મદદ કરી રહ્યા હોય એવા કોઈ બીજા વ્યક્તિને એસ.બી.એમ. કાર્યક્રમ બાબતે પ્રશ્નો હોય, તો તમને વિના ખર્ચે, તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો હક્ક છે. દુભાષિયા સાથે વાત કરવા માટે આ નંબર 855-710-6984 પર કોલ કરો. |
| हिंदी Hindi | यदि आपके, या आप जिसकी सहायता कर रहे हैं उसके, प्रश्न हैं, तो आपको अपनी भाषा में निःशुल्क सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए 855-710-6984 पर कॉल करें। |
| 日本語 Japanese | ご本人様、またはお客様の身の回りの方でも、ご質問がございましたら、ご希望の言語でサポートを受けたり、情報入手したり することができます。料金はかかりません。通訳とお話される場合、855-710-6984 までお電話ください。 |
| 한국어 Korean | 만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984 로 전화하십시오. |
| ພາສາລາວ Laotian | ຖ້າທ່ານ ຫຼື ຄົນທີ່ທ່ານກຳລັງໃຫ້ການຊ່ວຍເຫຼືອມີຄຳຖາມ, ທ່ານມີສິດຂໍເອົາການຊ່ວຍເຫຼືອ ແລະ ຂໍ ມູນເບີນພາສາຂອງທ່ານໄດ້ໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ເພື່ອລົມກັບນາຍແປພາສາ, ໃຫ້ໃຫ້ຫາບີ 855-710-6984. |
| Diné Navajo | T'áá ni, éí doodago ła'da biká anánílwo'ígíí, na'idíłkidgo, ts'ídá bee ná ahóótí'i' t'áá níík'e níká a'doolwoł dóó bína'idíłkidígíí bee ní hodoonih. Ata'dahalne'ígíí bich'í' hodíílnih kwe'é 855-710-6984. |
| فارسی Persian | اگر شما، یا کسی که شما به او کمک می کنید، سؤالی داشته باشید، حق این را دارید که به زبان خود، به طور رایگان کمک و اطلاعات دریافت نمایید. جهت گفتگو با یک مترجم شفاهی، با شماره 855-710-6984 تماس حاصل نمایید. |
| Русский Russian | Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы связаться с переводчиком, позвоните по телефону 855-710-6984. |
| Español Spanish | Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-710-6984. |
| Tagalog Tagalog | Kung ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984. |
| اردو Urdu | اگر آپ کو، یا کسی ایسے فرد کو جس کی آپ مدد کر رہے ہیں، کوئی سوال درپیش ہے تو، آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، 855-710-6984 پر کال کریں۔ |
| Tiếng Việt Vietnamese | Nếu quý vị, hoặc người mà quý vị đang giúp đỡ, có câu hỏi, thì quý vị có quyền được giúp và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 855-710-6984. |