

IMPORTANT:

*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."

PLEASE REVIEW BEFORE SUBMITTING CLAIMS

INSTRUCTIONS FOR MEMBERS:

1. Complete items 1 through 15 in full to assure positive and prompt payment. Please print or type.
2. The member must sign and date the claim.
3. If total charges for the planned course of treatment can reasonably be expected to be \$250 or more, the form must be completed and submitted prior to the commencement of the course of treatment for a pre-determination of benefits. Healthplex will notify you of the benefits payable. X-RAYS MUST BE ATTACHED.
4. If total charges for the planned course of treatment will be less than \$250, the claim form should be completed when treatment is completed.
5. Dental coverage is subject to specific limitations and exclusions. Please refer to your insurance booklet and certificate for a description of covered services, limitations, and exclusions.
6. THIS FORM WILL BE RETURNED IF IT IS INCOMPLETE OR INCORRECT.

INSTRUCTIONS FOR DENTIST:

Predetermination required for \$250 or more, x-rays must be attached.

Generally, x-rays will not be required pre-operatively when the treatment plan involves only the use of Amalgam, Plastic, Silicate or Composite Restorations.

Diagnostic x-rays should be submitted for all other treatment. A pre-operative and post-operative x-ray is required where endodontic treatment has been rendered.

REMARKS FOR UNUSUAL SERVICES

Mail completed Form to:

Healthplex®

Leadership in Dental Plans

333 Earle Ovington Blvd., Suite 300 Uniondale, NY 11553-3608

Members Only Call Customer Service 1- 800-468-0600 Press Option 1
Providers Only Call Provider Hot Line 1- 888-468-2183 Press Option 3

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