



## Completing the Public Health Service Claim Form

*Most of the PHS Claim form is self-explanatory; however, certain fields require special attention.*

- **Upper left corner** (Attending Dentist's Statement): Check the appropriate box to indicate if your claim is for predetermination (estimate of services to be performed) or for services rendered.
- **Box 2. Relationship to Sponsor**. Self.
- **Box 7. Sponsor's Social Security Number** (SSN). The sponsor's nine-digit SSN **must** appear on every claim form.
- **Box 8. Patient's Mailing Address**. Be sure to provide the current and complete mailing address to include APO/FPO and/or street, city, country and postal mailing code.
- **Box 10. Release of information**.
- **Box 13. Is the patient covered by another dental insurance plan**. Check 'No' if the member has no other dental insurance. If the member has additional dental insurance, please check 'Yes' and include the plan name, insured name and social security number, group number and address of the other carrier.
- **Box 14. Assignment of Benefits**. Sign if the member wants to assign payment of benefits to the dentist. If signed, United Concordia will send payment directly to the dentist.
- **Box 15a. Dentist provider number**. Enter the provider number assigned by United Concordia.
- **Box 16. Dentist address**. Include street, city, country and postal mailing code.
- **Box 30. Examination and Treatment Plan**. Provide a detailed description of the services performed including applicable tooth numbers, dates of service and fee charged.

### General Instructions

- All claim forms should be submitted to United Concordia as soon as possible after the service date, preferably within 60 days of the date of service. Claims postmarked more than 12 months after the date of service will be denied.
- The dentist must sign the appropriate sections of the claim form.