

UNITED CONCORDIA

TRICARE DENTAL PROGRAM

P.O. Box 69411
Harrisburg, PA 17106-9411

Other Dental Insurance Coverage Questionnaire

1. Name of the person who holds the other insurance policy _____
2. Other insurance company information: Name _____
Phone Number _____
3. Type of Plan _____ Group _____ Supplemental _____ Medicaid _____
4. List the original date the insurance benefits took effect _____
5. List family members covered by this plan and your relationship to the family member(s):

| <u>Family Member</u> | <u>Relationship</u> |
|-----------------------------|----------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Note: If there was any type of previous dental coverage prior to current date of service. Please list the name of the family member who held the policy and the date the insurance terminated. Complete information below:

1. Family member _____
2. Termination date of previous insurance _____

If parents divorced, separated or never married

1. If there is a court order or support order specifying which parent is to have or maintain dental insurance for the child/children, please name the parent responsible and the child/children the court or support order this applies to:
 - A. List the parent who is to be responsible for insurance _____
 - B. List the child/children this document applies to _____

2. If there is **no** court order or support order identifying, who is to be responsible, please complete the following below.

A. Does the legal document list the type of custody for the child/children?

_____ Joint _____ Majority (if applicable, check only one)

If Joint Custody (please complete the below information):

Natural mother's name and birthdate _____

Natural father's name and birthdate _____

If Majority Custody (please complete the following):

Parent with majority custody, please indicate child/children _____

3. Is the parent with majority custody remarried? _____ If yes, does the stepparent have dental coverage for the child/children? If yes, please complete the following:

A. Name of stepparent _____

B. Name of insurance _____

C. List child/children covered by this plan _____

The statements made above are true and accurate to the best of my knowledge. I understand that federal laws 18 U.S.C. 287 and 1001 provide for criminal penalties for submitting knowingly or making false, fictitious or fraudulent statement or claim in any manner within the jurisdiction of any department or agency of the United States. I further understand that copies of the laws cited may be obtained from Uniformed Services legal offices, public libraries and many Health Benefits Advisors. Because personal information is being requested from you, we are required by the Privacy Act of 1974, to notify you of the following: This information is requested under the authority of Chapter 55, Title 10, United States Code, Section 1076a. The information is requested to update information in order to process dental claims for payment. Routinely, this information will be used to determine eligibility for TDP benefits, review and approve dental care, and to determine charges to be cost-shared under TDP.

Signature _____ Date _____

Your Social Security Number _____

Coordination of Benefits

You or your spouse may have other dental insurance in addition to the Tricare Dental Program (TDP). In this case, United Concordia (UCCI) will coordinate benefits between the two dental insurance plans. Coordination of benefits is applicable only to persons who are insured through another dental benefit plan in addition to the TDP.

If a member received services that are covered under this program and another group dental plan, coverage and benefits are governed by Coordination of Benefits (COB) Rules. These rules determine which plan is primary (meaning which plan pays benefits first) and which plan pays benefits second, after the primary plan has made its determination and payment.

Claims should always be filed with the primary plan first. After payment/denial is received from the primary plan, the claim can be filed with the secondary plan. When submitting a claim to United Concordia for coordination under TDP as secondary coverage, a copy of the primary's Explanation of Benefits (EOB) must be attached. If the primary carrier's payment information is handwritten or typed on the claim form and a physical EOB is not attached, payment may be denied.

Determining Which Insurance Is Primary For You

You are the policyholder of TDP and another Dental Insurance plan; primacy is determined by the original effective date of both insurances. The Dental plan that has been in effect the longest is primary.

Determining Which Insurance Is Primary For Your Spouse

Your spouse is the policyholder of the other Dental Insurance plan; your spouse's dental insurance plan would be primary and TDP secondary for your spouse.

Determining Which Insurance Is Primary For The Children

Married Parents – primacy is determined according to the Birthday Rule. The parent whose date of birth (month & day) falls earliest in the calendar year is primary. (This rule does not include stepchildren).

Divorced/Separated Parents – UCCI considers the insurance plan of the parent that is court ordered to maintain coverage will be the primary insurance plan. If both parents are responsible to maintain coverage, the Birthday Rule of the natural parents determines which insurance is primary. (The parent whose date of birth (month & day) falls earliest in the calendar year is primary). If there is NO court order indicating which parent must maintain coverage:

- **Joint Custody** – Birthday rule of the natural parents determines which insurance is primary. (The parent whose date of birth (month & day) falls earliest in the calendar year is primary).
- **Majority Custody** – parent with majority custody would be primary. If the parent with custody has remarried, the stepparent's plan will be primary and the parent without custody will be secondary.

Natural Parents Not Married/Live Together – Birthday Rule of the natural parents determines which insurance is primary. (The parent whose date of birth (month & day) falls earliest in the calendar year is primary).

Natural Parents Not Married/Do Not Live Together – If there is a court order indicating which parent must maintain coverage, UCCI will follow the court order. If there is no court order, UCCI will determine primacy by Majority Custody or Joint Custody.

A delay and possible denial in processing your or your family members claim(s) when primacy cannot be determined. In an effort to expedite the processing and possible denial of a claim, please submit the Other Dental Insurance Questionnaire for the following circumstances:

- You are the policyholder of TDP and another dental carrier.
- You are the policyholder of TDP, another dental carrier and stepchildren/divorce situation.
- Patient is a stepchild or divorce situation.
- Patient's parents separated or never married.
- Patient had other dental coverage other than TDP and coverage with the other dental carrier is now terminated.
- Patient's dental coverage with another carrier has changed to another dental carrier.

When submitting the "Other Dental Insurance Questionnaire" form, please complete, sign, date & submit with the initial submission of dental claims or when there is a change with the other Dental Insurance.