

Member Application for Dental Claim Reimbursement

Print, complete, sign and mail this form with original receipts to:

Arkansas Blue Cross and Blue Shield

Imaging and Support Services

P.O. Box 32582

Detroit, MI 48232-0582

Enrollee ID: The enrollee ID and group number can be found on your Arkansas Blue Cross and Blue Shield ID card			
Enrollee ID:		Group number:	
Enrollee information			
Last Name:		First Name:	
Street Address:			
City:		State:	ZIP code:
Date of Birth:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Date of Service:	Procedure Description: Cleaning <input type="checkbox"/> Oral Exam <input type="checkbox"/> X-ray <input type="checkbox"/>
Other Health Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Other Health Insurance:		Other Health Insurance Policy Number:
Provider Name:		Provider NPI/TIN:	
<p>To speed up processing of your request, please remember to:</p> <ul style="list-style-type: none"> • Complete one form for each enrollee. • Mail only original clear itemized bill(s) on your provider's letterhead that include the following: <ul style="list-style-type: none"> Date of service Charge Procedure code and Diagnosis code Provider name Provider NPI/TIN <p>Your dentist's office should provide this to you upon request. Without the information above, we cannot process your claim reimbursement and we will have to return it to you. Cash register receipts, cancelled checks, money orders, and personal itemizations are not accepted as original receipts.</p> <ul style="list-style-type: none"> • Keep copies of your original receipts for your files. We cannot return originals to you. 			
I certify the above information is true, the enclosed material is correct and unaltered, and the expenses were incurred by the enrollee listed above. False receipts or altering of this information will result in civil or criminal prosecution. I authorize the release of any information as described below.			
Enrollee's signature:		Date:	Phone:

Your right to confidentiality: We will not release any information about you unless you ask us to in writing, or when release is necessary to process or review a claim (to another insurance company, for example). We will tell you which information we release to whom, if requested.