# **Customer Submitted Dental Claim Form**



A nonprofit independent licensee of the BlueCross BlueShield Association

Mail Completed Forms To:

Excellus BlueCross BlueShield PO Box 21146 Eagan, MN 55121

HEADER IN	NFORMATION							_								
	Transaction (Mark all		,					-				NFORMATION	•			
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3. Company/Plan Name, Address, City, State, Zip Code							13. Date of Birth (MM/DD/CCYY) 14. Gender    15. Policyholder/Subscriber ID									
								16	. Plan/Group N	Number		17. Employer N	ame			
OTHER CC	VERAGE							1								
	□ Medical? □	(If both, cor	mplete 5	- 11 for dental	l only)			PA	ATIENT INFOR	MATION						
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charges fo law, or the	been informed of the r dental services and treating dentist or de	materials not ntal practice	t paid by has a co	my dental ben ntractual agree	efit plan, u ement with	unless prohib n my plan pro	oited by ohibiting all	38.	. Place of Trea (Use "Pl			g. 11=office; 22= des for Professi				sures (Y or N)
my protect	n of such charges. To ed health information	to carry out p	payment	activities in co	nnection v	with this clain	n.	40.	. Is treatment f			(Complete 41-4	2)	41. Date Ap	opliance Placed	MM/DD/CCYY)
	ardian signature				Date				Months of Treatm	nent 43	. Replac	ement of Prostl	nesis?	44. Date Pr	ior Placement (N	MM/DD/CCYY)
	y authorize and direct named dentist or dent		the denta	al benefits othe	erwise pay	able to me, o	directly to	45.	. Treatment	Resulting	from	Yes (Complete				
X Patient/Gua	ardian signature				Date			46.				Auto accid	ent ☐ Oth	ner acciden	г	cident State
	ENTIST OR DENTA half of the patient or			nk if dentist or	dental enti	ity is not sub	mitting	-		•		MENT LOCATI	ON INFORI	MATION		
48. Name,	Address, City, State,	Zip Code						53.	. I hereby certif	fy that the	procedu	res as indicated	l by date ha	ve been co	mpleted.	
								X_ Sig	gned (Treating	Dentist)				Da	te	
								54.	. NPI			J	55. Licens	e Number		
								56.	. Address, City	, State, Zi	p Code		56A. Prov	ider Specia	Ity Code	
49. NPI		50. Licen	nse Numb	ber	51. SSI	N or TIN		1				Ĺ				
52. Phone		1		52A. Additiona				57.	. Phone Number (	) -			58. Addit Provi	ional der ID		
Numb	er( ) -							_								

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 information concerning any fact material thereto, for the purpose of misleading, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each violation.

I certify that the procedures as indicated by date, have been completed, personally supervised or rendered by me the attending dentist, that the fees submitted are actual fees I have charged and intended to collect.

Date:

#### GENERAL INSTRUCTIONS

- A. The form is designed so that the name and address (Item 3) of the third-party payer receiving the claim (insurance company/dental benefit plan) is visible in a standard #10 window envelope.
- B. In the upper-right of the form, a blank space is provided for the convenience of the payer or insurance company, to allow the assignment of a claim or control number.
- C. All Items in the form must be completed unless it is noted on the form or in the following instructions that completion is not required.
- D. When a name and address field is required, the full name of an individual or a full business name, address and zip code must be entered.
- E. All dates must include the four-digit year.
- F. If the number of procedures reported exceeds the number of lines available on one claim form, the remaining procedures must be listed on a separate, fully completed claim form.

## COORDINATION OF BENEFITS (COB)

When a claim is being submitted to the secondary payer, complete the form in its entirety and attach the primary payer's Explanation of Benefits (EOB) showing the amount paid by the primary payer.

## NATIONAL PROVIDER IDENTIFIER (NPI)

49 and 54

NPI (National Provider Indentifier): This is an identifier assigned by the Federal government to all providers considered to be HIPAA covered entities. An NPI is unique to an individual dentist (<u>Type 1 NPI</u>) or dental entity (<u>Type 2 NPI</u>), and has no intrinsic meaning. Additional information on NPI and enumeration can be obtained from the ADA's Internet Web Site: www.ada.org/goto/npi

## ADDITIONAL PROVIDER IDENTIFIER

52A and 58

Additional Provider ID: This is an identifier assigned to the billing dentist or dental entity other than a Social Security Number (SSN) or Tax Identification Number (TIN). It is not the provider's NPI. The additional identifier is sometimes referred to as a Legacy Identifier (LID). LIDs may not be unique as they are assigned by different entities (e.g., third-party payer; Federal government). Some Legacy IDs have an intrinsic meaning.

## PROVIDER SPECIALTY CODES

56A

<u>Provider Specialty Code</u>: Enter the code that indicates the type of dental professional who delivered the treatment. Available codes describing treating dentists are listed below. The general code listed as 'Dentist' may be used instead of any other dental practitioner code.

Category / Description Code	Code		
Dentist			
A dentist is a person qualified by a doctorate in dental surgery	122300000X		
(D.D.S) or dental medicine (D.M.D.) licensed by the state to	122300000X		
practice dentistry, and practicing within the scope of that license.			
General Practice	1223G0001X		
Dental Specialty (see following list)	Various		
Dental Public Health	1223D000IX		
Endodontics	1223E0200X		
Orthodontics	1223X0400X		
Pediatric Dentistry	1223P022IX		
Periodontics	1223P0300X		
Prosthodontics	1223P0700X		
Oral & Maxillofacial Pathology	1223P0106X		
Oral & Maxillofacial Radiology	1223D0008X		
Oral & Maxillofacial Surgery	1223S0112X		

Dental provider taxonomy codes listed above are a subset of the full code set that is posted at: www.wpc-edi.com/codes/taxonomy