PLEASE READ THIS INFORMATION CAREFULLY. It is important.

PLEASE FOLLOW THESE INSTRUCTIONS TO FILE A CLAIM

ALL INFORMATION MUST BE PROVIDED IN ORDER FOR CLAIM TO BE PROCESSED. PROCESSING OF YOUR CLAIM WILL BE DELAYED IF COMPLETE INFORMATION IS NOT RECEIVED

NOTE: The accident policy benefits are limited and may not provide 100% coverage. Accident medical expense coverage under this policy is provided on an Excess Basis, and in most instances, benefits will only be paid under this plan after your own personal or group insurance has paid out its benefits. Completion of a claim form does not guarantee benefit payment. Each claim is reviewed according to the policy provisions.

Claim Guidelines: The following guidelines must be followed.

Answer all questions in detail (including all signatures on the front and back of the form). A claim form needs to be completed for each accident.

◆If you have other insurance, submit your claim to your other insurer. When you receive the explanation of benefits (sample attached) notice from your primary carrier, send it to us along with the corresponding HCFA/UB04 medical bills and with the fully completed claim form. You must submit the provider's medical bills; balance due statements will not be processed. Medical bills must include the procedure & diagnosis code along with the Provider's federal identification number. These bills are:

- 1) HCFA-1500 (standard form used by Providers; sample attached)
- 2) UB-04 or UB-92 (standard form used by Hospitals sample attached)
- ADA Dental Claim Form and a letter from the dentist verifying the injured tooth was whole, sound and natural. (All dental bills must be submitted through your primary insurance's medical and dental plans first before submitting the bills to WebTPA)

It would be helpful if the following was given to all providers the injured person is seeking treatment from:

- 1. WebTPA contact information
- 2. Organization/School name found on the claim form
- 3. Policy number found on the claim form

This way the providers of service can work directly with the claim office and provide them with the correct billing forms (itemized bill to include procedure & diagnosis code and tax id number) needed to process a claim.

◆If you already paid the medical bill, include a paid receipt or a copy of your cancelled check at the same time you submit the medical bill. Otherwise payment will be made to the providers of service (Hospital, Physician or Others).

◆Send all correspondence to WebTPA, Inc., **P.O. Box 2415 Grapevine, TX 76099-2415**. The claim form must be sent within 90 days of the date you first received medical care. Any bills not filed with the claim form should be sent, within 90 days of the date you received medical care, to the Company identified with claimant's name, Organization or School name and date of Accident. File claim electronically by clicking <u>here</u>.

◆If you change your address, please notify WebTPA, Inc. by sending notification to WebTPA so that there is no delay in processing any claims.

◆Please contact WebTPA, Inc. by calling **866-975-9468** if you would like to check the status of your claim or if you have any questions on how your claim was processed or the benefit paid.

Common Causes For Delays In Processing Claims

- 1. Claim Forms Not Completed In Full or Not Submitted.
- 2. Balance Due, Balance Forward, or Past Due Statements Submitted for Bills.
- 3. Explanation of Benefits from Primary Carrier Not Provided with the Bills.

KEEP COPIES OF ALL CLAIM FORMS, MEDICAL BILLS, AND CORRESPONDENCE FOR YOUR OWN RECORDS UNTIL YOUR CLAIM HAS BEEN PROCESSED.

SAMPLE HCFA 1500

SAMPLE UB-04

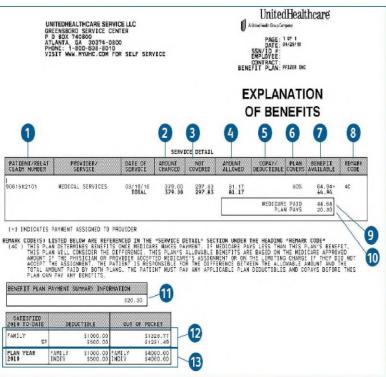
																100	wovep	OVIE-DE	
O NOT TAPLE																			
4 THIS																			
REA																			
													-			~			
Pice .		- AARTS IN		CHANNEL								LANC			FO	км			INÇA 🗌
		permer la		085	i	Ser.	PL NI		û.	1.00		NUMBER OF	510 M				1004		NAMES OF TAXABLE
AND REAL PROPERTY.				0.004		12070-0						N.PHD 3			_		_		
2 PROBATING TRANS.	Last reacted, Public react	Se, Straps	Colored Sectors		1.00	00	1.11		- 10		1.00	NUMBER'S	- NAME	0.00		COL PERMIN	e, 18400	e moat	
PATIENTS ADDRE	Internet and and				4.0478	INT HEL	; #71014-058	EP TO	2 2 2 4 2		7.00	s and the	1000	-					
					Bet			CAH		-						÷			
Lite				1 STATE	A DATE	10.00					CITY.								NEACH
							Marrie	-	1 0	-									
2P-0008	TELEPHO	NE doole	Ge Anna C	Code							200	0006			TEL	(PHO)	e no	CUDIE AS	EA CODE?
	1	1			E-sk	- 1 m	Rud-Ter		Part 1 Martin							(5		
S OTHER INSURED IS	MARK Dark Name.	First Same	e, Matte	(1444)	10.167	Sec. 1	s cono	TION	Re. OT	010	14.2	NR-PED	S POU	CY GRO			V.MIR	R	
a CIVER INSURED S	POLICY OR GROUP	P NUMBE	R.		1 8005	OWNER	n cue	and the second	OF PRE	WOUR.	4.151	is no pa	- orga	e ge	тн			SEX	
							YES		10										•
NOTINE INSUMION	OATE OF BRITH	587	C		8. MLRO	ACCIDE				Cill (Shide	el a di	PLOTE	eti nasal	OR N	94004	NAME.			
			1				TES		145										
ENVIRONMENTS NAME	AL OR SCHOOL NAME				 0704 	R ACCE					4 N	S.FANO	E PLAN	NAME C	on and	GROAM 1	SAME		
						-	105		NO										
a InstruBatesCill PLACE	NAME OR PROGRAM	A TRADE			-36 748	and the second se	NUMPER	and a s	1040		1.1	THE P.L.	Magnine.	R HEAD	the DEP	Or of the	API7		
	AEAD BACK OF F	Colored and	THE CO		-		E-Silver				-	VES		NQ	× 100		0.444	-	
12 INFRATE, OR AL		SS 300		and the state of the	a reference of	arr	lead or oth	-	metern	-	r i p	-	-	-					Auggreen for
to process the clean becau	n lanciecontosyte	erro, done	- mento	and the party	and thysaft	or to the p	perty who	e encerp	a surger	-	1.1	******		al la company					
Schellin .						ore.						NONED							
	a Links die	d summing	-1.04													an an C			and the second
					IN INCIDE	ст наказ н	AD SAM	10.04	protection.	41,140,00	5 16 D	A125 PA							
MA 20 W	PROTONALCY	ALC: NO		- I"	GIVE FIRE	ET HANGE H	-	60	1 T	1.1409	5 16 D	100	100	100	no wo	TO	~	100	
	Profilenanaci v		eaear		GIVE FIRE						1.04			COLUMN TRANS	(REA)	and she is	1000	Contamp (10.00
OF NAME OF REPORT	eno intellection de l	Salation of the second se	eciear								55. 1	LONG AL	2Amon	COLUMN TRANS	CRIER/	101 CE		- 16 Nor 1804	10.00
OF NAME OF REPORT	eno intellection de l	SAN ON SAN O	euear								20 0	NUMPER AND	LAIP	- The second sec	REAT	101 CE	1000	Contamp (10.00
14 DATE OF CLARGE	OCAL USE	COMPANY	eciear	1	10 NO	NAME OF CONT	Second	ino)	-		20 0				ORIER	101 CE		Contamp (10.00
TO NAME OF REPORT	OCAL USE	COMPANY	eciear	1	10 NO	NAME OF COM	Second	ino)	-		20 0	NUMPER AND			ORIER	101 CE	ALC: NO.	1	10.00
TO TRAVEL OF REPORT	OCAL USE	COMPANY	eciear	11 71 71 22045	10 NO	NAME OF COM	Second	ino)	-		20 0 20 0 20 0				CREEK	10 10 5 CH4	ALC: NO.	1	10.00
er funde en diesen 16 Reserved for d 21 Diedenosis officie 4 L	OCAL USE	COMPANY	eciear	11 71 71 22045	123 084	NAME OF COM	Second	ino)	-		20 0 20 0 20 0				CREEK	10 10 5 CH4	ALC: NO.	1	10.00
er funde og gårende 19 fekternet for d 21 dans beskernet	OCAL USE	COMPANY	eciear	11 71 71 22045	123 084	NAME OF CONT	Second	ino)	-		20 0 20 0 20 0					10 10 5 CH4	euree Million Million Million	1	10.00
ст нама си найтели на название на	end averais of the average of	Contract of		11 78 2246	123 084		-240 BY	(1940) (1940)		¥	20 0 20 0 22 y 23 P		Dentem P Dentem LABP Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem De		CREEK	107907 5 CH4 0444 A	2044 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Remarks - 00	Notion YY
er funde en diesen 16 Reserved for d 21 Diedenosis officie 4 L	end averais of the average of	COMPANY		11 78 2246	123 04 4 3 1		240 (197	(1940) (1940)		w ↓	20 0 20 0 22 y 23 P		Dentem P Dentem LABP Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem De			107907 5 CH4 0444 A	euree Million Million Million	Remarks - 00	×.
		Contract of		11 78 2246	123 04 4 3 1		240 000	(1940) (1940)		¥	20 0 20 0 22 y 23 P	KORYTA MON Arrece Vers Kor A	Dentem P Dentem LABP Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem De			107907 5 CH4 0444 A	2044 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Remarks - 00	Notion YY
	- NOVICE 10 10	Contract of		11 78 2246	123 04 4 3 1		240 000	(1940) (1940)		¥	20 0 20 0 22 y 23 P	KORYTA MON Arrece Vers Kor A	Dentem P Dentem LABP LABP LABP Dentem Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Call			107907 5 CH4 0444 A	2044 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Remarks - 00	Notion YY
	- NOVICE 10 10	Contract of		11 78 2246	123 04 4 3 1		240 000	(1940) (1940)		¥	20 0 20 0 22 y 23 P	KORYTA MON Arrece Vers Kor A	Dentem P Dentem LABP LABP LABP Dentem Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Call			107107 5 CH4 01444 A	2044 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Remarks - 00	Notion YY
	- NOVICE 10 10	Contract of		11 78 2246	123 04 4 3 1		240 (197	(1940) (1940)		¥	20 0 20 0 22 y 23 P	KORYTA MON Arrece Vers Kor A	Dentem P Dentem LABP LABP LABP Dentem Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Call			107107 5 CH4 01444 A	2044 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Remarks - 00	Notion YY
	- NOVICE 10 10	Contract of		11 78 2246	123 04 4 3 1		240 (197	(1940) (1940)		¥	20 0 20 0 22 y 23 P	KORYTA MON Arrece Vers Kor A	Dentem P Dentem LABP LABP LABP Dentem Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Call			107107 5 CH4 01444 A	2044 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Remarks - 00	Notion YY
	- NOVICE 10 10	Contract of		11 78 2246	123 04 4 3 1		240 (197	(1940) (1940)		¥	20 0 20 0 22 y 23 P	KORYTA MON Arrece Vers Kor A	Dentem P Dentem LABP LABP LABP Dentem Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Calleration Call			107107 5 CH4 01444 A	2044 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Remarks - 00	Notion YY
	- NOVICE 10 10	Contract of		11 78 2246	123 04 4 3 1		240 000	(1940) (1940)		¥	20 0 20 0 22 y 23 P	KORYTA MON Arrece Vers Kor A	Dentem P Dentem LABP Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem De			107107 5 CH4 01444 A	2044 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Remarks - 00	Notion YY
	- NOVICE 10 10	Contract of		11 78 2246	123 04 4 3 1		240 000	(1940) (1940)		¥	20 0 20 0 22 y 23 P	KORYTA MON Arrece Vers Kor A	Dentem P Dentem LABP Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem De			107907 5 CH4 0444 A	2044 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Remarks - 00	Notion YY
	- NOVICE 10 10	Contract of		11 78 2246	123 04 4 3 1		240 000	(1940) (1940)		¥	20 0 20 0 22 y 23 P	KORYTA MON Arrece Vers Kor A	Dentem P Dentem LABP Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem De			107907 5 CH4 0444 A	2044 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Remarks - 00	Notion YY
	- NOVICE 10 10	Contract of		11 78 2246	123 04 4 3 1		240 (197	(1940) (1940)		¥	20 0 20 0 22 y 23 P	KORYTA MON Arrece Vers Kor A	Dentem P Dentem LABP Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem Dentem De			107907 5 CH4 0444 A	2044 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Remarks - 00	Notion YY
Produce Carrieroux					123 064 3					NN Northern	9 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				CREER				X IV
Produce Carrieroux		Contract of			123 04 4 3 1														Notion YY
en rouel our denserver of the second out of the													Annone Contraction of the Contra			ED 101 S CHA B B BARS CAAT PA		A 100 100 100 100 100 100 100 100 100 10	X Red o FOA CAL USE
En TOURE Can American In American Angel Tour Canadro (Canadro) Tour Canadro (Canadro) Tour Canadro) Tour Canadro Tour Cana	P 400 KOCE				123 064 3											ED 101 S CHA B B BARS CAAT PA		A 100 100 100 100 100 100 100 100 100 10	X Red o FOA CAL USE
21 ГОНС СИЛАРТИН 19 ИЕВИКИСТ АСИЦ 21 ГОНСКОСТ АСИЦ 22 Г																ED 101 S CHA B B BARS CAAT PA		A 100 100 100 100 100 100 100 100 100 10	X Red o FOA CAL USE
21 ГОНС СИЛАРТИН 19 ИЕВИКИСТ АСИЦ 21 ГОНСКОСТ АСИЦ 22 Г	BED VARIABLE UN ON OPAL USE FIDEVOCE 50 MA DO VI FIDEVOCE 50 VI VI															ED 101 S CHA B B BARS CAAT PA		A 100 100 100 100 100 100 100 100 100 10	X Red o FOA CAL USE
21 ГОНС СИЛАРТИН 19 ИЕВИКИСТ АСИЦ 21 ГОНСКОСТ АСИЦ 22 Г	BED VARIABLE UN ON OPAL USE FIDEVOCE 50 MA DO VI FIDEVOCE 50 VI VI														CREER	ED 101 S CHA B B BARS CAAT PA		A 100 100 100 100 100 100 100 100 100 10	X Red o FOA CAL USE



SAMPLE ADA DENTAL CLAIM FORM

American Dental Association Dental Claim Form	-						
HEADER INFORMATION	-1						
I. Type of Transaction (Mark all applicable boxes)							
Statement of Actual Services Request for Predetermination / Preauthorization							
EPSDT/THE XIX							
2. Predetermination/Preauthorization Number	POLICYHOLDER/SUBSCRIBER INFORMATION (For Insurance Company Named in #3)						
2. Predetermination/ Presidentization Number							
	12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffx), Address, City, State, Zip Code						
INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION	Policyholder Name						
Company/Plan Name, Address, City, State, Zip Code	Address 1						
Insurance Company Name	A						
	Address 2						
Address 1	City ST ZIP						
Address 2	13. Date of Birth (MM/DD/CCYY) 14. Gender 15. Policyholder/Subscriber ID (SSN or ID#)						
City ST ZIP							
OTHER COVERAGE	16. Plan/Group Number 17. Employer Name						
	16. Partolog Number 17. Employer Name						
Other Dental or Medical Coverage? No (Skip 5-11) Ves (Complete 5-11)							
. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffa)	PATIENT INFORMATION						
	18. Relationship to Policyholder/Subscriber in #12 Above 19. Student Status						
Date of Bith (MMDDDDDDD)	Sef Spouse Dependent Child Other FTS PTS						
F	20. Name (Last, First, Middle Initial, Suffa), Address, City, State, Zip Code						
Plan/Group Number 10. Patient's Relationship to Person Named In #5	Patient Name						
Self Spouse Dependent Other	Address 1						
1. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code	Address 2						
Other Insurance Company Name							
Address	21. Date of Birth (MM/DD/CCYY) 22. Gender 23. Patient ID/Account # (Assigned by Dentist)						
City ST ZIP	M F						
RECORD OF SERVICES PROVIDED							
	cedure 30. Description 31. Fee						
(MM/DD/CCYY) Cavity System or Letter(5) Surface C	0e 0.000						
2							
	Prmay 32.0mer 10 14 15 16 A B C D E P(3) H B Feet.3 11 20 19 16 F O N M K 33.70m Feet O						
IS. Remarks							
AUTHORIZATIONS	ANCILLARY CLAIM/TREATMENT INFORMATION						
6. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, of	38. Place of Treatment 29. Number of Enclosures (00 to 99)						
harges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, o	of Providen's Office Hospital ECF Other Radiographic Chairmageto Medition						
re treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portic uch charges. To the extent permitted by law, I consent to your use and disclosure of my protected heal							
nformation to carry out payment activities in connection with this claim.	40. IS Interment for Orthodorece?						
	No (5kip 41-42) Yes (Complete 41-42)						
Patient/Guardian signature Date	42. Months of Treatment 43. Replacement of Prosthesis? 44. Date Prior Placement (MM/DD/CCYY)						
	Remaining No Yes (Complete 44)						
7. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below name							
ientist or dental entity.	45. Treatment Resulting from						
	Occupational liness/injury Auto accident Other accident						
ubscriber signature Date	45. Date of Accident (MM/DD/CCYY) 47. Auto Accident State						
BILLING DENTIST OR DENTAL ENTITY (Leave blank If dentist or dental entity is not submitting							
iaim on behalf of the patient or insured/subscriber)	59. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.						
8. Name, Address, City, State, Zip Code	Value of news been competed.						
Dentist Name	X						
Address 1	Signed (Treating Dentist) Date						
Address 2	54. NPI 55. License Number						
City ST ZIP	56. Address, City, State, Zip Code Sec. Pitovider Sociality Code						
City 31 ZIP							
12. NPI 50. License Number 51. SSN or TIN	Address						
	City ST ZIP						
S Phone S24 Additional							

SAMPLE EOB (EXPLANATION OF BENEFITS)





CLAIM FORM SIGNED CLAIM FORM IS REQUIRED

1. PLEASE FULLY COMPLETE THIS FORM PAGE 1 & PAGE 2

- 2. ATTACH HCFA/UB04-MEDICAL BILLS & EOBS FROM ANY OTHER INSURANCE YOU HAVE
- 3. SEND ALL CORRESPONDENCE TO:

WEB-TPA P.O. Box 2415 Grapevine, TX 76099-2415

Toll-Free: 866-975-9468 Fax: 469-417-1969 Email: <u>benefit.assist@webtpa.com</u> File Electronically: Click <u>Here</u>

IMPORTANT NOTICE:

This plan of insurance is secondary, in most instances, to any health insurance you have. If you have other insurance, submit your claim (health and/or dental) to your other insurer. When you receive their Benefit Statement, send it to us along with your HCFA/UB04 (medical bills) and this completed form. Note: The accident policy benefits are limited and may not provide 100% coverage.

✓ IF PART 1-A & PART 1-B ARE NOT COMPLETED IN FULL THIS CLAIM CANNOT BE PROCESSED AND WILL BE RETURNED >

PART 1-A - TO BE COMPLETED IN FULL BY THE ORGANIZATION/SCHOOL

Organization/School Dist	rict/College Name		Policy Number Phone No. ()				
School/Team/League Na	me						
Address			Email				
If Athletics, designate	□P.E. Class □Intramura □Youth □Adult □Pra		□Intercollegiate	□Game [⊐Jr. Varsity	□Varsity	
Name of injured person/s	student						
Date of Accident		Accident Time					
	lent occur? (Please be specifi						
and supervised activity a	□Right nd were they a current studer	or LILeft At the til nt/member of the Organ	me of the accident, vization/School Distrie	was the claimai ct? □Yes	nt involved in □No	a sponsored	
Under whose supervisior	ı?	Was	he/she a witness?	□Yes □No	D		
	ANIZATION/SCHOOL OFFICIAL UNLES					REQUIRED)	
<u> PART 1-B – TO BE</u>	COMPLETED IN FULL BY (CLAIMANT – OR BY P	ARENT/LEGAL GU/	ARDIAN IF CL	AIMANT IS A	MINOR	
Injured Party/Student Leg	gal Name		Preferred/Nickn	ame:			
Date of Birth	Age	Grade Level			ale 🛛 Fema	le	
	□Player □Coach □Official/ n or Parents/Guardian	•		•		dits)	
Phone No. ()		Email Address					
If Injured party is over ag	e 18: Employer Name and A	Address					
Phone No. ()	⊡Self E	mployed DUnemploy	ved				
Father/Guardian Name _							
Employer Name and Add	Iress						

PLEASE CONTINUE TO THE NEXT PAGE OF THE FORM WHICH MUST BE COMPLETED IN FULL

Mother/Guardian Name				
Employer Name and Address		Phone No. ()	
		□Self Employed	□Unemployed	
If Dental Injury: Please submit verification fr	om the dentist that the tooth/teeth are whole, sound	and natural.		
Is claimant covered under any other medica	al and or dental insurance policy? □Yes □No			
Is claimant covered under a government spe	onsored insurance such as Medicare/Medicaid?]Yes □No		
Name of all companies providing claimant ir	nsurance coverage or prepaid health plans			
Name of Company	Address		Policy #	
Are benefits due for this claim under these	other insurance coverages? □Yes □No (See IMP)	ORTANT NOTICE at to	op of form on page '	
	surance coverage as an eligible dependent from a plan, address and phone number of responsible party	previous marriage as	mandated in a divor	

AFFIDAVIT: I verify that the above statement on other insurance is accurate and complete. I understand that the intentional furnishing of incorrect information via the U.S. Mail may be fraudulent and violate federal laws as well as state laws. I agree that it is determined at a later date that there are other insurance benefits collectible on this claim I will reimburse Gerber Life Insurance Company to the extent for which Gerber Life Insurance Company would not have been liable.

Signature: Injured Person, Parent or Guardian

SIGNATURE IS REQUIRED

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize any employer, health plan, insurance company, hospital, physician, health care profession, clinic, laboratory, pharmacy, medical facility or other person that has provided treatment, payment, or services in connection with this claim to disclose, when requested to do so, all information with respect to any injury, policy coverage, medical history, consultations, prescription or treatment, and copies of all hospital or medical records and itemized bills to WebTPA, Inc. and Gerber Life Insurance Company, it's agents, employees and representatives.

I hereby authorize WebTPA. Inc. to discuss any information related to medical expenses incurred or treatments rendered in connection with this claim, with Special Markets Insurance Consultants, Inc. representatives and their assigned agents and to officials at the school or organization through which this policy is issued. A photo static copy of this authorization shall be considered as effective and valid as the original.

Signature: Injured Person, Parent or Guardian ______ Date: _____

Date:

FRAUD NOTICE STATEMENTS

NOTICE TO APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR 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 AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF ALABAMA: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION OF FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF."

RESIDENTS OF ALASKA APPLICANTS: "A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW."

RESIDENTS OF ARKANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

RESIDENTS OF ARIZONA APPLICANTS: "FOR YOUR PROTECTION ARIZONA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF CALIFORNIA: "FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

RESIDENTS OF COLORADO APPLICANTS: "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

RESIDENTS OF DELAWARE: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."

RESIDENTS OF DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

RESIDENTS OF FLORIDA APPLICANTS: "ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE."

RESIDENTS OF IDAHO: "ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO DEFRAUD OR DECIEVE ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."

RESIDENTS OF INDIANA: "ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO DEFRAUD AN INSURER FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION COMMITS A FELONY."

RESIDENTS OF KANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO, OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF KENTUCKY APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILED 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."

RESIDENTS OF LOUISIANA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

RESIDENTS OF MAINE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF MARYLAND APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE

INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

RESIDENTS OF MINNESOTA APPLICANTS: "ANY PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME."

RESIDENTS OF NEW HAMPSHIRE: "ANY PERSON WHO, WITH THE PURPOSE TO INJURE, DEFRAUD OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS SUBJECT TO PROSECUTION AND PUNISHMENT FOR INSURANCE FRAUD, AS PROVIDED IN RSA 638.20."

RESIDENTS OF NEW JERSEY APPLICANTS: "ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

RESIDENTS OF NEW YORK APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR 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 AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

RESIDENTS OF OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

RESIDENTS OF OKLAHOMA APPLICANTS: "WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."

RESIDENTS OF OREGON APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW."

RESIDENTS OF PENNSYLVANIA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR 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 AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF RHODE ISLAND: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME OR MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

RESIDENTS OF TENNESSEE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF TEXAS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

RESIDENTS OF VERMONT APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICTION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW."

RESIDENTS OF VIRGINIA APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF WASHINGTON APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF WEST VIRGINIA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."