

INSTRUCTIONS FOR FILING A CLAIM

CLAIMS MUST BE SUBMITTED WITHIN 90 DAYS OF TREATMENT.

THE FORM **MUST** BE FULLY COMPLETED IN ORDER TO RECEIVE PROMPT PROCESSING.

IF PATIENT IS A FULL TIME COLLEGE STUDENT, PROVIDE NAME OF SCHOOL AND GRADUATION DATE.

OTHER COVERAGE INFORMATION MUST BE COMPLETED TO EXPEDITE PROCESSING.

PRE-ESTIMATE: TREATMENT WHICH WILL EXCEED \$250 SHOULD BE APPROVED BY BOLLINGER PRIOR TO SERVICES BEING PERFORMED IN ORDER THAT YOU KNOW BEFOREHAND HOW MUCH WILL BE PAID BY INSURANCE AND THE BALANCE YOU WILL HAVE TO PAY. PRE-TREATMENT X-RAYS SHOULD BE SENT WITH THE CLAIM FORM.

BENEFITS ARE PAYABLE ONLY UPON COMPLETION OF SERVICES.

CALL (973) 467-0444 IF YOU HAVE ANY QUESTIONS.

PLAN ADMINISTRATION AND CLAIM SERVICE



P.O. BOX 804
SHORT HILLS, N.J.
07078-0804

TEL: (973) 467-0444

PREFERRED PROVIDER NETWORK:



www.DENTEMAX.com
1-800-752-1547

