DeltaCare® USA

TREATMENT PLAN AND INSURANCE CLAIM REPORT

P.O. Box 1810 Alpharetta, GA 30023 800-422-4234 www.deltadentalins.com						CH	IECK ONE	. - 	DENTIST DENTIST RESUBM X-RAYS	T'S ST	ATEM -	ENT	OF AC	TUAL	CHAR	GES			
Patient Name 2. Birthdate				3. Relation to Subscriber			4. If Full Time Student										INS.USE ONLY		
						School City					State								
Subscriber's Name 6. Subscriber's					er's ID Number			DUAL COVERAGE: 14. Is patient covered by other plan? If YES, all items below must be complete						Yes	No	Date Paid	ate aid		
Subscriber's Mailing Address			8.	. Subscribe	er's Phone		11 120,	all	terns below mus	nt be ee	mpicto	u.							
City, State, Zip							15. ID Num	nber_								Che	ck#		
only, otate, zip							16. Union L	_oca	al		13. P	olicy N	lumber		_	Eff			
D. Employer Name				11. Group/Plan Number			17. Name and Address of Other Insurance									Date			
2. Spouse's Name			-				10 I harab		thorize release	of infor	mation	rolotir	ag to this	a alaim					
2. Chausa'a Employar							io. Thereby	y au	uionze reiease	01 111101	illation	TCIALII	ig to till	Sciaiiii					
3. Spouse's Employer							Signatu	ure,	of above insured	d									
9. Dentist Name					Facility No.			23. Date Treatment Series Beg				an 24. If Prosthesis: Is this initial place				nent	Yes	No	
0. Dentist's Address					'			(If	no, reason for re	eplacei	nent)						'	'	
1. City, State, Zip								25. Date of prior placement 26. Treatment result of accident?								Yes	No		
ax ID# to be used for Tax reporting License No. 22. Phone								27	27. Result of occupational rijury?				28. Is any of treatment Orthodontic purpos				Yes	No	
9. IF FOR ORTHODONTIC REASONS:					Down Payment Date			Monthly Payment Amt Number			umber	of Months Date of First Billi			ing Retainer Fee				
FACIAL AND ON	Tooth # or									Date Service Performed		Procedure Number		Fee		Allowance			
7 8 9 10		iettei								reno	illeu								
Y, aDDa	12																		
D F G	13																		
2 B 1	15																		
1 A LINGUAL J	16																		
UPPER	PER L																		
RIGH	PERMANENT LEFT PRIMARY																		
LOWER																			
32 T LINGUAL K	17																		
31 B M	19																		
29 P O N	20																		
28 27 2	21																		
26 25 24 23												_	atal Fac						
hereby accept the foregoing	treatment plan	and authorize	e release c	of informa	tion relatir	na hereta	L certify t	the	truth of all ne	rsonal			otal Fee Charged						
nformation above. I authorize luring an ineligible period.											ed	Co-	-Insuran	се			\$		
0												In	nsurance	\$					
	er's Signature						Date	•					Pays						
he Treatment listed is neces	sary in my profe	essional judg	ement										Patient	\$					

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 if 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. 18 Pa.C.S. § 4117(k)(1)

For a list of DeltaCare USA underwriting companies and plan administrators, please visit www.deltadentalins.com.

Dentist's Signature

Pays

Claims Form Disclosure

You may be subject to civil and criminal penalties for knowingly providing false or misleading information.

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 fines or confinement in prison, or any combination thereof. Alaska: 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 this title. Arizona: 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. Arkansas: Any person who knowingly presents a false or fraudulent claim for payment for 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. California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents 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. Colorado: 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. **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. District of Columbia: 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. Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree. Hawaii: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both. Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony. Indiana: Any person who knowingly, and with intent to defraud an insurer, files a statement of claim containing false, incomplete or misleading information commits a felony. Kansas: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties. Kentucky: 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, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. Louisiana: 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. Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment for a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime. Nevada: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under state or federal law, or both, and may be subject to civil penalties. New Hampshire: Any person who, with a 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 R.S.A. 638.20. New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to civil and criminal penalties. New Mexico: 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. New York: 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 violation. Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. Oklahoma: 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. Pennsylvania: 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. Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years. 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 and may be subject to fines and confinement in prison. Tennessee: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. Texas: 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. Virginia: 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. Washington: 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. West Virginia: 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 quilty of a crime and may be subject to fines and confinement in prison.