## DeltaCare® USA

## TREATMENT PLAN AND INSURANCE CLAIM REPORT

Subscriber's Name    Subscriber's ID Number   DIALA COVERAGE   DIALA COVER	P.O. Box 1810 Alpharetta, GA 30023 800-422-4234 www.deltadentalins.com							CH	HECK ONE		DENTIST DENTIST RESUBN X-RAYS	Γ'S S ⁄IITT/	TATE!	MENT	OF AC	TUAL	CHAF	RGES					
Subscriber's Name    Subscriber's Name   Subscriber's Manner	Patient Name 2. Birthdate 3. Relation					ion to Subscriber			4. If Full Time Student							INS.USE ONLY							
Subscriber's Mailing Address    S. Subscriber's Phone   15. Di Number   15. Di					Scho		School	City						j									
Subscriber's Phone  Op. State, Zep  10. Union Lorse  11. Oursup-Plan Number  12. Union Lorse  13. Policy Number  14. Union Lorse  15. Develop authorize release of information relating to this claim  Signature, of above insured  Signature, of above insured  15. Interests authorize release of information relating to this claim  Signature, of above insured  15. Develop authorize release of information relating to this claim  Signature, of above insured  15. Develop authorize release of information relating to this claim  Signature, of above insured  15. Develop authorize release of information relating to this claim  Signature, of above insured  15. Develop authorize release of information relating to this claim  Signature, of above insured  15. Develop authorize release of information relating to this claim  Signature, of above insured  15. Develop authorize release of information relating to this claim  Signature, of above insured  15. Develop authorize release of information relating to this claim  Signature, of above insured  15. Develop authorize release of information relating to this claim  15. Develop of prior placement  15. Develop of prior placement  15. Surfaces  15. Surfaces  15. Develop of prior placement  15. Surfaces	Subscriber's Name 6. Subscriber's ID						14. Is			s patient covered by other plan?				ad		Yes	No						
The Chron Local 13. Policy Number	Subscriber's Mailing Address				·	8. Subscribe	er's Phone		11 1 1 2 3 , 4	all I	terns below mus	st be c	ompiei	eu.				1					
Spouse's Name	City State Zin								15. ID Num	ber.								Che	ck# _				
11. GroupPian Number   12. Increty authorize release of information relating to the claim	οπ <b>ς</b> , στατό, Διρ								16. Union Local 13. F						olicy Number					Eff			
18. Ihereby authorize release of information retailing to this claim   Signature, of above insured   Signature, of above ins	). Employer Name					11. Group/P	1. Group/Plan Number			17. Name and Address of Other Insurance										Date			
Dentist Name   Facility No.   22. Date Treatment Series Began   24. If Prosthesis: is this initial placement   Ves   No	2. Spouse's Name								18. I hereby authorize release of information relating to this claim														
Deniss's Address  (If no, reason for replacement)  25. Date of prior placement  26. Treatment result of accident?  Yes No  IND	3. Spouse's Employer								Signatu	ıre,	of above insure	d									_		
City, State, Zip  25. Date of prior placement  26. Treatment result of accident?  Ves No No ID 8 to be used for Tax reporting Ucense No  27. Result of Occupational Ves No Date of Prior placement of accident?  Ves No Cithodonic purposes? Ves No No No Date of First Billing Retainer Fee S  S  S  S  CIAL  Total Fee S  S  S  S  S  S  S  S  S  S  S  S  S	9. Dentist Name Facili						Facility No.										nent	Y	es	No			
ACIAL    Continue   Co	D. Dentist's Address									(If no, reason for replacement)													
Control   Procedure   Proced	1. City, State, Zip									25									Ye	es	No		
REASONS:  S S DESCRIPTION OF SERVICE  OF Quad  DESCRIPTION OF SERVICE  Service  Performed  Procedure  Number  Fee Allowance  Allowance  Include Service  Including X-Rays, Prophylaxis, Materials Used, etc.)  Description  Procedure  Number  Fee Allowance  Procedure  Number  Fee Allowance  Total Fee  Columnation above, 1 authorize payment directly to the named denlist and agree to be responsible for payment for services rendered  ring an ineligible period.  Which is a crime 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.  Patient  Patient  Subscriber's Signature  Date  Patient  Procedure  P	ax ID# to be used for Tax reporting License No. 22. Phone								occupational			Y	es						Ye	es	No		
# or letter or Quad (Including X-Rays, Prophylaxis, Materials Used, etc.) Performed Number Fee Allowance Number Fee Allowance Performed Number Fee Allowance Number Fee Allowance Number State Performed Number Fee Allowance Performed Number Fee Allowance Performed Number Fee Allowance Number State Performed Number Fee Allowance State Processing Performed Number Fee Allowance Performed Performed Number Fee Allowance Performed Performed Performed Number Fee Allowance Performed Perf	I							yment Date			l. ' '			of Months Date of First Bi				•					
UPPER    Description   Descrip	ACIAL COOO		#	# or	Surface or Quad						ale Llead etc.)		Service				Fee		Al	Allowance			
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ereby accept the foregoing treatment plan and authorize release of information relating hereto. I certify the truth of all personal ormation above. I authorize payment directly to the named dentist and agree to be responsible for payment for services rendered ring an ineligible period.  w York: Any person who knowingly and with intent to defraud any insurance company or other person files an applicationor insurance or statement of claim naterially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance to the claim for each such violation.  Subscriber's Signature  Date  Patient  Patient	31 S L	18																					
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ntaining any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance t, which is a crime 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.  Subscriber's Signature  Date  Patient  Patient	formation above. I authorize puring an ineligible period.	ayment direct	ly to the	e named o	dentist a	and agree t	o be respo	onsible fo	or payment	for	services rend	ered		Со	-Insurano	ce			\$				
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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

## Claim 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 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 and willfully presents a false or fraudulent claim for payment for 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. Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime. 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. Ohio: Any person who, with the 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 to defraud presents false information in an insurance application or, who presents helps or has a fraudulent claim presented for the payment of a loss or other benefit, or presents more than one claim for the same loss or damage, will incur in a felony and if convicted, will be sanctioned for each violation with a fine of no less than five thousand (\$5,000) dollars or no more than ten thousand (\$10,000) dollars or imprisonment by the fixed term of three years, or both punishments. With aggravating circumstances the fixed term of the punishment could go up to five (5) years; with mitigating circumstances the punishment could 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. Utah: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services 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 guilty of a crime and may be subject to fines and confinement in prison.