Dental Claim Statement

* Required Field

Sun Life Financial®

Check one:
☐ Dentist's pre-treatment estimate
☐ Dentist's statement of actual services

Administrative address:
Sun Life Financial, PO Box 2940, Clinton, IA 52733-2940
T 800.442.7742

PATIENT COVERAGE INFORMATION

1 Patient name * First / M.I. / Last	2 Relationship to employee ☐Self ☐Child ☐Spouse ☐Other	3 Sex M F	4 Patient birthdate MO DAY YR	5 If full-time student School / City
6 Employee/subscriber name and mailing address	7 Employee/subscriber Soc. Sec. or I.D. no.	8 Employee/subscriber birthdate MO DAY YR	9 Employer (company) name and address	10 Group number
11 Is patient covered by another dental plan? ☐Yes ☐No If "Yes," complete 12-a. Is patient covered by a medical plan? ☐Yes ☐No	12-a Name and address of carrier(s)	12-b Group no(s).	13 Name and address of other employer(s)	
14-a Employee/subscriber name *(if different than patient's)*	14-b Employee/subscriber Soc. Sec. or I.D. no.	14-c Employee/subscriber birthdate MO DAY YR	15 Relationship to patient ☐Self ☐Parent ☐Spouse ☐Other	

I have reviewed the following treatment plan. I authorize release of any information relat-ing to this claim. (I understand that I am responsible for all costs of dental treatment.) This authorization is not governed by HIPAA, however, when necessary, I may be asked to execute a HIPAA authorization form, allowing Union Security Insurance Company and Sun Life Assurance Company of Canada to use and disclose protected health information. I have read or had read to me the fraud warning for my state.

▶ SIGNED (PATIENT OR PARENT, IF MINOR) DATE

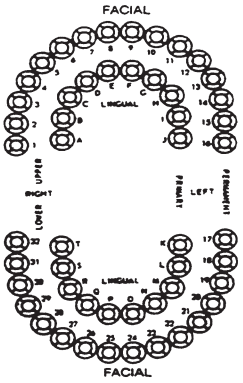
I hereby authorize payment of the dental benefits otherwise payable to me directly to the below named entity. I have read or had read to me the fraud warning for my state.

▶ SIGNED (INSURED PERSON) DATE

BILLING DENTIST

16 Name of Billing Dentist or Dental Entity			24 Is treatment result of occupational illness or injury? No Yes	If "Yes," enter brief description and dates.	
17 Address where payment should be remitted			25 Is treatment result of auto accident?		
City, State, Zip			26 Other accident?		
18 Dentist Soc. Sec. or TIN	19 Dentist license no.	20 Dentist phone no.	27 If prosthesis, is this initial placement?	If "No," reason for replacement	28 Date of prior placement
21 First visit date current series	22 Place of treatment Office Hosp ECF Other	23 Radiographs or models enclosed? No Yes How many?	29 Is treatment for orthodontics?	If services already commenced, enter	Date appliances placed / Mos. treatment remaining

Identify missing teeth with "X"



30 Examination and treatment plan—List in order from tooth no. 1 through tooth no. 32—Use charting system shown.

Tooth # or letter	Surface	Description of Service *(including x-rays, prophylaxis, materials used, etc.)*	Date Service Performed Mo Day Year	Procedure Number	Fee

For administrative use only

31 Remarks for unusual services

I hereby certify that the procedures as indicated by date have been completed and that the fees submitted are the actual fees I have charged and intend to collect for those procedures. I have read or had read to me the fraud warning for my state.

SIGNED (TREATING DENTIST) LICENSE NUMBER DATE

Total Fee Charged	
Max. allowable	
Deductible	
Carrier %	
Carrier pays	
Patient pays	

A pre-treatment estimate is recommended for non-emergency treatment plans to forewarn a claimant if a certain item or service has limited or no coverage available.

Insurance products are underwritten by Union Security Insurance Company (Kansas City, MO) and Sun Life Assurance Company of Canada (Wellesley Hills, MA) and administered by Sun Life Assurance Company of Canada (Wellesley Hills, MA).

Sun Life Assurance Company of Canada is a member of the Sun Life Financial group of companies.
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General fraud warning: 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.

AK: 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.

AL: 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.

AR, LA, MA, MN, RI, TX and WV: 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.

AZ: 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.

CA: 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.

CO: 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.

DC: 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.

DE, ID and IN: 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.

FL: 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.

KS: 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 may be guilty of insurance fraud as determined by a court of law.

KY: 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.

MD: Any person who knowingly OR willfully presents a false or fraudulent claim for payment of 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.

ME: 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.

NH: 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 RSA 638:20.

NJ: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NM: 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.

OH: 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.

OK: 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.

OR and VA: 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 may have violated state law.

PR: 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.

TN and WA: 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.

VT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.