BEST Life™
BEST Life and Health Insurance Company

DENTAL CLAIM FORM

ELECTRONIC PAYER ID NUMBER 95604

CHECK HERE IF THIS IS YOUR FIRST DENTAL CLAIM OR IF YOU HAVE MOVED SINCE YOUR LAST CLAIM ❑

BEST LIFE and Health Insurance Company
PO. Box 890
Meridian, ID 83680-0890
800.433.0088 | Fax 208.893.5040

IMPORTANT
Predetermination is required for all treatment plans in excess of the amount listed in the insurance policy. Refer to the Certificate of Insurance for predetermination requirements.

EMPLOYEE COMPLETE

1 Patient's name	2 Relationship to employee	3 Patient's birthday	4 If full-time student – name of school?	5 Group number

6 Employee name First / Middle initial / Last	7 Employee social security number
	– –

8 Address	9 Employer	10 Occupation

11 City / State / Zip	12 Employee phone number	13 Marital Status	14 Date employed
	( )		/ /

15 Is employee or spouse covered by another dental plan ❑ Yes ❑ No	16 Name and address of other insurance company	17 Spouse's date of birth
		/ /

18 Name of spouse's employer	19 ID number	20 Group number	21 Spouse's social security number
			– –

22 If injured how and where did accident happen?	23 Did accident happen at work? ❑ Yes ❑ No	24 Date of accident
		/ /

I hereby accept the treatment plan specified below and authorize my dentist to release any and all medical information including dental information to the above named administrator for purposes of claims administration and evaluation utilization, review and financial audit. This authorization remains valid and effective from the date of signing until revoked in writing. I understand that I may request a copy of this authorization.

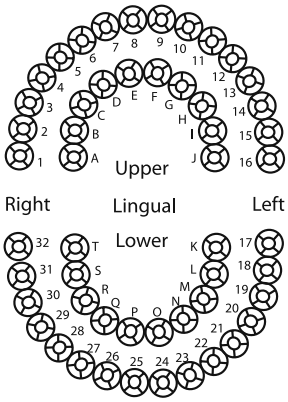
Patient's Signature (Unless a minor) ✗ _____ Date _____ Spouse's Signature (If other coverage) ✗ _____

DENTIST COMPLETE

26 Dentist name	27 Is treatment a result of accident or occupational injury?	No	Yes	If Yes, enter brief description
28 Address	29 Is treatment for orthodontic purposes?			
30 City / State / Zip	31 If prosthesis, or crown, is this initial placement?			If services already commenced, date appliance placed / /
32 Dentist license no / 33 Tax ID number / 34 Phone number ( )	35 Are missing teeth being replaced by prosthesis›			If no, reason for replacement, Date of prior placement / /
36 First visit date current series / 37 Are radiographs or models enclosed? No Yes How many?	38 Is patient covered by another dental plan?			Name of insurance company

PLEASE PLOT WORK
Identify missing teeth with "x"

FACIAL



FACIAL

Remarks for Unusual Services

Post treatment x-rays are required when submitting for payment if indicated below.

❑

IMPORTANT All treatment plans in excess of amount listed in the certificate of insurance requires pre-determination and submission of diagnostic x-rays.

For Administration Use only

39 Examination and treatment plan – List in tooth number order

Tooth No. or Letter	Surface (MO DO etc.)	Description of Service Only One Service Per Line	Date Service started Mo.	Day	Yr	ADA Procedure Number	Dentist Fee	Plan Allowable Amount

40 Work completed payment requested

I hereby certify that services listed have been performed and that the fees shown are the actual fees charged and do not exceed the fees charged my private and non-insured patient's.

Dentist signature ✗ _____ Date _____

42 Assignment of benefits

I hereby authorize payment of bene×ts directly to the dentist named above but not to exceed the bene×ts otherwise payable to me under the plan.

Patient's (parent) signature ✗ _____ Date _____

41 Total Fee	
Plan Allowable	
Deductible	
Plan %	
Plan Pays	
Annual Maximum	

It is further agreed that wherein the dental treatment provided under this plan does not conform to the standards of practice in the community. BEST LIFE and Health Insurance Company reserves the right to deny payment for such services or in the alternative seek reimbursement from the providing dentist.

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.

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 state law.

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.

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: The following statement is required by Arkansas Law
23-66-503(a): 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.

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: COLORADO LAW REQUIRES US TO NOTIFY YOU OF THE FOLLOWING: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to any 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: The District of Columbia requires us to notify you of the following:
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: FLORIDA LAW REQUIRES US TO NOTIFY YOU OF THE FOLLOWING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii: Hawaii Law requires us to notify you of the following: For your protection, Hawaii law requires you 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: IDAHO LAW REQUIRES US TO NOTIFY YOU OF THE FOLLOWING: Any person who knowingly, and with intent to defraud any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

Indiana: INDIANA LAW REQUIRES US TO NOTIFY YOU OF THE FOLLOWING: A 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.

Kentucky and 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.

Louisiana and 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.

Maryland: 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.

New Mexico: New Mexico state law requires us to notify you of the
following: 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 guilt of a crime and may be subject to civil fines and criminal penalties.

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.

Oregon: 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 may be a crime and may subject such person to criminal and civil penalties.

Pennsylvania: THE COMMONWEALTH OF PENNSYLVANIA REQUIRES US TO NOTIFY YOU OF THE FOLLOWING: 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.

Tennessee: TENNESSEE STATE LAW REQUIRES US TO NOTIFY YOU OF THE
FOLLOWING: "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."

Texas: Texas law requires us to notify you of the following: 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: THE COMMONWEALTH OF VIRGINIA REQUIRES US TO NOTIFY YOU OF THE
FOLLOWING: 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: THE STATE OF WASHINGTON REQUIRES US TO NOTIFY YOU OF THE
FOLLOWING: "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."

All other states: Any person who knowingly, and with intent to injure, defraud or deceive any insurer or insurance company, files a statement of claim containing any materially false, incomplete, or misleading information or conceals any fact material thereto, may be guilty of a fraudulent act, may be prosecuted under state law and may be subject to civil and criminal penalties. In addition, any insurer or insurance company may deny benefits if false information is related to a claim by the claimant.