

Dental Direct Reimbursement Claim Form

Employer Name: _____

Please complete the following shaded areas.

Employee Information:

Name:	
Address:	
Social Security #:	<input type="checkbox"/> Check if address is new.
Patients Name:	
Relationship:	Date of Birth:
If reimbursement is for a child ages 19-25, please provide proof of full time college status.	

Claim Information:

Dentist Name:		
Mailing Address:		
Phone:		
Was treatment for an accidental injury:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is patient covered under another dental plan:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

The Benefit Companies, L.L.C.
2696 South Colorado Blvd. #304
Denver, CO 80222
(303) 226-1000 Fax: (303) 226-1010

Important information on your plan and submitting your claim

- Direct reimbursement allows the patient to use the dentist of your choice
- There is no pre-determination of benefits by an insurance company
- The plan is self-insured. All benefits are paid from the employer's account that is maintained from both employer and employee funds.
- Reimbursement is made without regard to the procedure code, except that cosmetic care is not covered. Orthodontic care is covered, unless specifically excluded on the claim form. At the beginning of Orthodontic treatment, 25% of total fees is an allowable charge. The balance of Orthodontic fees are paid monthly as services are received.

To assure that your claim will be processed quickly and without complications please make sure the following items are included when submitting a claim

- **The Claim form is completely filled out.**
- **The Dentist Billing or Statement (signed by the Dentist) must accompany this form**
- **If you have other Dental Insurance**
The portion paid by other insurance must be clearly indicated to complete the claim.

- **Fax or Mail the claim to **The Benefit Companies****
2696 S. Colorado Blvd., Suite 304
Denver, CO 80222

Fax : 303-226-1010

Claims take up to 15 days to process.

What will delay your claim from being processed:

- Proof of college status if child is between 19-25
- Lack of procedure on billing or statement
- Clear indication of amounts paid by primary insurance

For questions please call (303) 226-1000 or 1-800-530-2211