

Completing the ADDP Claim Form

Most of the ADDP Claim form is self-explanatory; however, there are certain fields to which special attention should be paid.

- **Box 4. Active Duty Service Member's (ADSM) Social Security Number (SSN).** The ADSM's nine-digit SSN must appear on every claim form.
- **Box 5. Mailing Address.** Be sure to provide the current and complete mailing address to include APO/FPO and/or street, city, country, and postal mailing code.
- **Box 11. Release of information.**
- **Box 12. Dentist Name and provider number** - The provider number represents the provider number assigned by United Concordia.
- **Box 16. Dentist address.** Include street, city, country, and postal mailing code.
- **Box 17. Examination Results.** The individual you are examining is an Active Duty/Guard/Reserve member of the United States Uniformed Forces. This ADSM needs your assessment of his/her dental health for worldwide duty. **Please mark (X) the block** above this field, that best describe the condition of the ADSM, using as a suggested minimum a clinical examination with mirror and probe, and bitewing radiographs. **This form is meant to determine fitness for prolonged duty without ready access to dental care and is not intended to address the ADSM's comprehensive dental needs.**
- **Box 18.** Provide a detailed description of the services performed including applicable tooth numbers, dates of service, and fee charged.

General Instructions

- Submit a separate claim form for each ADSM who receives treatment.
- All claim forms should be submitted to United Concordia as soon as possible after the service date, preferably within 60 days of the date of service. Claims postmarked more than 12 months after the date of service will be denied.
- The ADSM must sign the appropriate sections of the claim form.
- The dentist must sign the appropriate sections of the claim form.

DoD OMB Control Number:
0720-TBD

DoD Agency Disclosure Statement

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