UNITED CONCORDIA

Active Duty Dental Program

1. Sex

Claims Processing P.O. Box 69429 Harrisburg, PA 17106-9429

2. Birthdate

Web site: www.addp-ucci.com





	1. Sex	2. Birthdate mo	day	year								
Р	A Male Female											
A T			8. Program name Active Duty Dental Program									
I E N			9. Appointment Control Number									
T	5. Mailing address	ddress					Authorization Number / Referral Number					
S E	City, State, Zip				10. Email Address							
C T	6. Telephone number	11. I have reviewed the following treatment plan. I authorize release of any information relating to this claim.										
O N	7. Rank/Branch of service	Rank/Branch of service					Signature Date					
	12. Dentist name	12a. Provider no). [,]	12b. NPI #	16. Dentist mailing ad	ldress	street	addres	S			
	13. Dentist soc. sec. or T.I.N.	14. Dentist license no.	15. Denti	st phone no.	City, State, Zip							
D												
ENTIST SECTION	 (1) ADSM has good oral health (2) ADSM has some oral conditi with minimal extension into a (3) ADSM has oral conditions th (a) Infections: Acute oral i (b) Caries/Restorations: D 12 months. (c) Missing Teeth: Edentul (d) Periodontal Conditions subgingival calculus, or (e) Oral Surgery: Unerupte (f) Other: Temporomandibu 	 (1) ADSM has good oral health and is not expected to require dental treatment or reevaluation for 12 months. (2) ADSM has some oral conditions, but you <u>do not</u> expect these conditions to result in dental emergencies within 12 months if not treated (i.e., requires prophylaxis,, asymptomatic caries with minimal extension into dentin, edentulous areas not requiring immediate prosthetic treatment). (3) ADSM has oral conditions that you <u>do</u> expect to result in dental emergencies within 12 months if not treated. Examples of conditions area: (<i>X the applicable block or specify in the space provided</i>, (a) Infections: Acute oral infections, pulpal or periapical pathology, chronic oral infections, or other pathologic lesions and lesions requiring biopsy or awaiting biopsy report. (b) Caries/Restorations: Dental caries or fractures with moderate or advanced extension into dentin; defective restorations or temporary restorations that patients cannot maintain for 										
	17. If you selected Block (3) above	, please circle the condition(s) y	ou identifi	ied in this ADSM if the	ey appear above, or brie	etly des	cribe th	e condi	tion(s) below:			
18												
N	OOTH NO. OR SURFACE LETTER	DESCRIF (INCLUDING X-RAYS, PR		SERVICES IS, MATERIALS USED, E	ETC.)	DATE SERVICE PERFORMED MO. DAY YR.			PROCEDURE CODE	FEE CHARGED		
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. The signer agrees that any personally identifiable health information about the signer or signer's enrolled dependents is protected by the Health Insurance Portability and Accountability Act of 1996 and other privacy laws. In accordance with those laws, United Concordia may use and disclose Protected Health Information for treatment, payment and health care operations as described in its Notice of Privacy								19. TOTAL FEE CHARGED				
Practice.												

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. <u>Active Duty Service Member's (ADSM)</u> <u>Social Security Number</u> (SSN). The ADSM's nine-digit SSN <u>must</u> appear on every claim form.
- Box 5. <u>Mailing Address</u>. 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. <u>Release of information</u>.
- Box 12. <u>Dentist Name and provider number</u> 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. <u>Examination Results</u>. 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 <u>is not intended to address the ADSM's comprehensive dental needs</u>.
- 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

The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 (0720-TBD). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.