



## 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.

### AGENCY DISCLOSURE STATEMENT

The public reporting burden for this collection of information is estimated to average 15 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 (0720-0053). 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.

PLEASE DO NOT RETURN YOUR RESPONSE TO THE ABOVE ADDRESS.

Responses should be sent to:

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