

Dental Claim Form

HEADER INFORMATION

1. Type of Transaction (Mark all applicable boxes)

EPSDT/ Title XIX

CIGNA Dental
P.O. Box 188037
Chattanooga, TN 37422-8037
800-Cigna24

OTHER COVERAGE

3336505

Adelphi University

Comprehensive completion instructions for the ADA Dental Claim Form are found in Section 4 of the ADA Publication titled *CDT-2007/2008*. Five relevant extracts from that section follow:

- A. The form is designed so that the name and address (Item 3) of the third-party payer receiving the claim (insurance company/dental benefit plan) is visible in a standard #10 window envelope. Please fold the form using the 'tick-marks' printed in the margin.
- B. In the upper-right of the form, a blank space is provided for the convenience of the payer or insurance company, to allow the assignment of a claim or control number.
- C.

Caution: Any person who, knowingly and with intent to defraud any insurance company or other person (1) states or omits material facts of claim containing any materially false information; or (2) conceals from the insurer or other person information concerning material facts, commits a fraudulent insurance act.

IMPORTANT CLAIM NOTICE

Alaska Residents: A person who knowingly and with intent to injure, defraud or deceive an insurer and intentionally provides incomplete or misleading information may be prosecuted under state law.

Arizona Residents: For your protection, Arizona law requires the following statement to appear on/with this policy. A false or fraudulent claim for payment of loss is subject to criminal and civil penalties. Each state has its own laws. You or your designated representative is entitled to receive a copy of this claim form.

California Residents: For your protection, California law requires the following to appear on/with this policy. A false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to state prison and

Colorado Residents: It is unlawful to knowingly provide false, incomplete or misleading facts or information for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment and fines. Any company or agent of an insurance company who knowingly provides false facts or information to a policyholder for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.