



Member Reimbursement Form for Dental Services

Instructions: Please ask your dental provider to complete this form in its entirety if you have paid or plan to pay your dentist directly. Any information missing or incomplete will delay processing and payment. You and your dental provider must acknowledge the proof of services and payment received. If you need help, please call member services at (855) 810-3301. **Completed forms are to be mailed to:**

Pacific Life Dental Member Claims
 PO Box 1490
 Milwaukee, WI 53201

Patient Information		
Patient Name (Last, First, Middle Initial, Suffix)		Phone Number:
Address, City, State, Zip Code:		
Date of Birth (MM/DD/YYYY)	Subscriber/Member ID (refer to your member ID card):	
Group Number:	Name of Employer/Group:	
Are you Covered by another dental plan? Yes No If yes, complete the following below		
Name of Other Dental Insurance:	Policy Number:	Group Number:
Address, City, State, Zip Code:		

Dental Provider Information		
Dentist Name:		Phone Number:
Address, City, State, Zip Code:		
NPI Number:	License Number:	Tax ID Number:

Dental Services Received							
	Date of Service (MM/DD/YYYY)	Area of Oral Cavity	Tooth Number(s) of Letter(s)	Tooth Surface	Procedure Code	Description	Amount Paid
1							
2							
3							
4							
5							
6							
7							

Dental Services Received							
	Date of Service (MM/DD/YYYY)	Area of Oral Cavity	Tooth Number(s) of Letter(s)	Tooth Surface	Procedure Code	Description	Amount Paid
8							
9							

Acknowledgement of Services and Payment (Signatures are required as proof that services noted above have been rendered and paid in full)	
Member Acknowledgement: I acknowledge that the patient received the dental services noted above and has paid the dental provider in full. I have read the Claims Fraud Statements. Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.	
Member/Authorized Representative Signature	Date
Dental Provider Acknowledgement: I acknowledge that the services noted above have been rendered and paid in full by the member.	
Dental Provider Signature	Date

Claims Fraud Statements

Before signing this claim form, please read the warning for the state you reside in and for the state the insurance policy under which you are claiming a benefit was issued.

General Fraud Warning: Any person who knowingly presents a false statement in a claim for insurance may be guilty of a criminal offense and subject to penalties under state law. (Not applicable in Virginia)

The laws of each state listed below require us to furnish you with the notice indicated below.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.



Maryland: Any person who knowingly **or** willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly **or** willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing 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.

Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.