PLAN ADMINISTERED BY

POMCO

RETURN TO:

POMCO
P.O. BOX 6329
SYRACUSE, NEW YORK 13217
1-888-201-7025

CHECK ONE:

☐ DENTIST'S PRE-TREATMENT ESTIMATE
☐ DENTIST'S STATEMENT OF ACTUAL SERVICES

DENTAL PLAN

ALL TREATMENT PLANS OF $200.00 OR MORE SHOULD BE SUBMITTED FOR PREDETERMINATION IN ORDER TO VERIFY ELIGIBILITY, AND TO DETERMINE THE ALLOWANCES PAYABLE UNDER THIS DENTAL PLAN.

EMPLOYEE

1. PATIENT NAME
2. RELATIONSHIP TO EMPLOYEE — SELF | SPOUSE | CHILD | OTHER
3. SEX — M | F
4. PATIENT BIRTHDATE — MO | DAY | YEAR
5. IF FULL TIME STUDENT — SCHOOL — CITY
6. EMPLOYEE NAME — FIRST — MIDDLE — LAST
7. EMPLOYEE MEMBER ID#

CLAIM NO.

8. EMPLOYEE MAILING ADDRESS

CITY, STATE, ZIP

9. NAME OF DENTAL PROGRAM
10. EMPLOYER
11. GROUP NUMBER
12. PLAN
13. IS YOUR SPOUSE EMPLOYED? YES NO — SPOUSE'S NAME — MEMBER ID#
14. NAME AND ADDRESS OF SPOUSE'S EMPLOYER IN ITEM 13
15. IS PATIENT COVERED BY ANOTHER DENTAL PLAN? — DENTAL PLAN NAME — UNION LOCAL — GROUP NO. — NAME AND ADDRESS OF DENTAL INSURANCE COMPANY

I HAVE REVIEWED THE FOLLOWING TREATMENT PLAN. I AUTHORIZE RELEASE OF ANY INFORMATION RELATING TO THIS CLAIM.

SIGNED (PATIENT, OR PARENT IF MINOR) — DATE

I HEREBY AUTHORIZE PAYMENT DIRECTLY TO THE BELOW-NAMED DENTIST.

SIGNED (INSURED PERSON) — DATE

DENTIST

16. DENTIST NAME
17. MAILING ADDRESS

CITY, STATE, ZIP

18. DENTIST SOC. SEC. OR T.I.N.
19. DENTIST LICENSE NO.
20. DENTIST PHONE NO.
21. FIRST VISIT DATE CURRENT SERIES
22. PLACE OF TREATMENT — OFFICE | HOSP. | ECF | OTHER
23. RADIOGRAPHS OR MODELS ENCLOSED? — NO | YES | HOW MANY?

	NO	YES	IF YES, ENTER BRIEF DESCRIPTION AND DATES
24. IS TREATMENT RESULT OF OCCUPATIONAL ILLNESS OR INJURY?			
25. IS TREATMENT RESULT OF AUTO ACCIDENT?			
26. OTHER ACCIDENT			
27. ARE ANY SERVICES COVERED BY ANOTHER PLAN?			
28. IF PROSTHESIS, IS THIS INITIAL PLACEMENT?			(IF NO, REASON FOR REPLACEMENT) 29. DATE OF PRIOR PLACEMENT
30.			

IDENTIFY MISSING TEETH WITH "X"

FACIAL — LINGUAL — RIGHT — LEFT — UPPER — LOWER — PRIMARY — PERMANENT — 1–32 — A–T

32 REMARKS FOR UNUSUAL SERVICES

* SEE REVERSE SIDE FOR PARTIAL LISTING OF ADA PROCEDURE CODES

31. EXAMINATION AND TREATMENT PLAN - LIST IN ORDER FROM TOOTH NO.1 THROUGH TOOTH NO. 32 - USE CHARTING SYSTEM SHOWN.

TOOTH # OR LETTER	SURFACE	DESCRIPTION OF SERVICE (INCLUDING X-RAYS, PROPHYLAXIS, MATERIALS USED, ETC.) LINE NO.	DATE SERVICE PERFORMED MO. DAY YEAR	ADA PROCEDURE* NUMBER	FEE	FOR ADMINISTRATIVE USE ONLY

I HEREBY CERTIFY THAT THE PROCEDURES AS INDICATED BY DATE HAVE BEEN COMPLETED.

SIGNED (DENTIST) — DATE

TOTAL FEE CHARGED

EMPLOYER	WE CERTIFY THAT THE PATIENT IS COVERED BY OUR CONTRACT AND IS ELIGIBLE FOR BENEFITS	DATE ELIGIBLE	COVERAGE S F	PLAN
		BY	DATE	

HOW TO REQUEST BENEFITS

1. COMPLETE ITEMS 1 THROUGH 9 UNDER THE PATIENT INFORMATION SECTION. IF YOU ARE MARRIED, OR HAVE OTHER HEALTH BENEFITS, ITEMS 13,14, AND 15 MUST BE COMPLETED. IF ANY INFORMATION IS MISSING, IT WILL DELAY THE PAYMENT OF YOUR CLAIM.
2. HAVE YOUR DENTIST COMPLETE THE DENTIST'S INFORMATION SECTION, OR SUBMIT COMPLETELY ITEMIZED BILLS. AN ITEMIZED BILL MUST CONTAIN: PATIENT'S NAME, RELATIONSHIP, DATE OF SERVICE, TYPE OF SERVICE RENDERED, NATURE OF CONDITION BEING TREATED. IF THIS INFORMATION IS MISSING, YOU MAY WRITE IT ON THE BILL, AND SIGN YOUR NAME.
3. IF YOU WANT BENEFITS PAID TO YOUR DENTIST, OR PROVIDER DIRECTLY BE SURE TO SIGN THE APPROPRIATE AREA.
4. COMPLETE A SEPARATE CLAIM FORM FOR EACH FAMILY MEMBER.
5. THE COMPLETED CLAIM FORM SHOULD BE RETURNED TO:

POMCO
P.O. BOX 6329
SYRACUSE, NY 13217

TOLL FREE NUMBER 1-888-201-7025

DENTIST:: PREDETERMINATION INSTRUCTIONS

1. ALL TREATMENT PLANS OF $200.00 OR MORE SHOULD BE SUBMITTED FOR PREDETERMINATION. PLEASE INCLUDE PRETREATMENT RADIOGRAPHS AND SEND TO POMCO, 2425 JAMES ST., SYRACUSE, NY 13206.
2. YOU WILL BE PROMPTLY NOTIFIED OF THE ALLOWABLE BENEFITS UNDER THIS PROGRAM.

EMPLOYEE:

THE PREDETERMINATION OF BENEFITS WILL BE RETURNED TO YOUR DENTIST, AND HE WILL DISCUSS THE TREATMENT AND ALLOWABLE BENEFITS UNDER THE PLAN WITH YOU.

IMPORTANT REMINDER:
PLEASE BE SURE THE EMPLOYEE'S MEMBER ID# HAS BEEN PROVIDED.

POMCO®