

CDAnet and You

Electronic Claims Submission is a reality in our office. This service has been developed jointly by some insurance carriers and your oral surgeon to offer better service to you.

Electronic Claims Submission saves you the effort and cost of mailing the insurance form yourself- your oral surgeon is providing this service for you. As well, your claims processor will be able to process your claim faster, which means that reimbursement to you will be received in a timely fashion.

Primary Insurance Information

Name of patient _____

Name of policy holder _____

Policy holder's date of birth _____
Day / Month / Year

Insurance company _____

Policy/ Group# _____

Subscriber ID / Certificate # _____

Relationship of patient to policy holder: Dependent _____ Spouse _____

Secondary Insurance Information

Name of policy holder _____

Policy holder's date of birth _____
Day / Month / Year

Insurance company _____

Policy/ Group # _____

Subscriber ID / Certificate # _____

Relationship of patient to policy holder: Dependent _____ Spouse _____

*******Please inform us if you have triple coverage*******

AUTHORIZED CONSENT TO RELEASE INFORMATION

"I authorize release, to my dental benefits plan administrator, information contained in claims submitted electronically. I also authorize the communication of information related to the coverage of service described to the named oral surgeon."

Signature of patient, parent or guardian

Date