RECORD OF SERVICES PROVIDED

	24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag. Pointer	29b. Qty.	30. Description	31. Fee
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

33. Missing Teeth Information (Place an “X” on each missing tooth.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

34 'LDJQRVLV &RGH /LVW 4 (ICD-10 = AB)

34a. Diagnosis Code(s) A ______ C ______

(Primary diagnosis in “A”) B ______ D ______

31a. Other Fee(s)

32. Total Fee

35. Remarks

AUTHORIZATIONS

36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all FKDUJHV IRU GHQWDO VHUYLFHV DQG PDWHULDOV QRW SDLG E\ P\ GHQWDO EHQH¿W SODQ XQOHVV SURKLELWHG E\ ODZ RU WKH WUHDWLQJ GHQWLVW RU GHQWDO SUDFWLFH KDV D FRQWUDFWXDO DJUHHPHQW ZLWK P\ SODQ SURKLELWLQJ DOO RU D SRUWLRQ RI VXFK FKDUJHV 7R WKH H[WHQW SHUPLWWHG E\ ODZ , FRQVHQW WR \RXU XVH DQG GLVFORVXUH of my protected health information to carry out payment activities in connection with this claim.

X ______________________________

Patient/Guardian Signature Date

, KHUHE\ DXWKRUL]H DQG GLUHFW SD\PHQW RI WKH GHQWDO EHQH¿WV RWKHUZLVH SD\DEOH WR PH GLUHFWO\ to the below named dentist or dental entity.

X ______________________________

Subscriber Signature Date

BILLING DENTIST OR DENTAL ENTITY

(Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber.)

1DPH $GGUHVV &LW\ 6WDWH =LS &RGH

49. NPI

50. License Number

51. SSN or TIN

52. Phone Number ( ) -

52a. Additional Provider ID

ANCILLARY CLAIM/TREATMENT INFORMATION

(alll dates in MM/DD/CCYY format)43.1 (Y CLAIM

The following information highlights certain form completion instructions. Comprehensive ADA Dental Claim Form completion instructions are posted on the ADA's web site (https://www.ADA.org/en/publications/cdt/ada-dental-claim-form).

GENERAL INSTRUCTIONS

A.