Dental Claim Form

Medical Coverage? No (Skip 5-11)

4. Other Dental

Self Spouse Dependent Other

11. Other Ca

ss, City, State, Zip Code

RECORD

OF SERVIC VIDED

Comprehensive completion instructions for the ADA Dental Claim Form are found in Section [illegible]

DATE OF INCURRED LIABILITY

A service shall be deemed to have been incurred and the total cost for that service subject to applicable deductible, co-payment percentage, maximum benefit, an
shall be applied to the contract year during which the service was incurred, irrespective of the contract year during which the service is completed, according to

l limitations ...
this following:

PLEASE NOTE

Although the "Procedure Date" column should indicate the date