

## Member Application for Dental Claim Reimbursement

Print, complete, sign and mail this form with original receipts to:  
 Blue Cross and Blue Shield of Nebraska  
 P.O. Box 261279  
 Plano, TX 75026

**Enrollee ID:** The enrollee ID and group number can be found on your Blue Cross and Blue Shield of Nebraska ID card

Enrollee ID:	Group number:
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**Enrollee information**

Last Name:	First Name:
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Street Address:
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City:	State:	ZIP code:
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Date of Birth:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Date of Service:	Procedure Description/Code: Cleaning <input type="checkbox"/> Oral Exam <input type="checkbox"/> X-ray <input type="checkbox"/>
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Other Health Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Other Health Insurance:	Other Health Insurance Policy Number:
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Provider Name:	Provider NPI/TIN:
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**To speed up processing of your request, please remember to:**

- Complete one form for each enrollee.
- Mail only original clear itemized bill(s) on your provider's letterhead that include the following:
 

- Date of service	Provider name
- Charge	Provider NPI/TIN
- Procedure description and/or code	

Your dentist's office should provide this to you upon request. Without the information above, we cannot process your claim reimbursement and we will have to return it to you. Cash register receipts, cancelled checks, money orders, and personal itemizations are not accepted as original receipts.

- Keep copies of your original receipts for your files. We cannot return originals to you.

I certify the above information is true, the enclosed material is correct and unaltered, and the expenses were incurred by the enrollee listed above. False receipts or altering of this information will result in civil or criminal prosecution. I authorize the release of any information as described below.

Enrollee's signature:	Date:	Phone:
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Your right to confidentiality: We will not release any information about you unless you ask us to in writing, or when release is necessary to process or review a claim (to another insurance company, for example). We will tell you which information we release and to whom, if you request it.