**INSTRUCTIONS FOR FILING MANUAL DENTAL CLAIM WITH ALLIED**

**TO THE EMPLOYEE:**

1. Complete all items in Part 1 of the Dental Claim Form above in full.
2. Sign and date the authorization to release necessary information related to this claim.
3. Sign and date the assignment of benefits to authorize payment to the provider. Please remember to indicate to “Pay the Member” if you have already paid the provider.
4. Attach itemized bills with your receipts for proof of payments.
5. Please clearly indicate if this is a pre-determination of benefits.

The bills must include\*:

* patient’s name and information
* provider’s name, address, and tax ID (TIN)
* date(s) of service(s)
* condition being treated
* relationship to employee
* type of service(s) rendered, including ADA Dental Code
* total charge for each service

\*If information is missing, you may write it directly on the bill, then sign and date your name next to it.

1. Make a copy of your itemized bills for you to keep.
2. Submit the completed claim form together with the itemized bill(s) via online portal or by mail.
* **To submit by mail to Allied, follow the instructions on your ID card.**

**Allied Benefit Systems LLC**

**PO Box 211651**

**Eagan, MN 55121**

* Carefully enclose the completed form and itemized bills in a secure envelope. Remit to the mailing address listed on the back of your ID card.
1. **Remember to keep a copy for your records.**

**NOTE:**

* Incomplete claim forms will be returned to you for missing information. This will delay the processing of the claim. For faster, easier submission of claims, the provider may contact Allied for information regarding electronic claim submissions.
* All claims must be submitted within the time frame specified in your summary plan description. Failure to do so will result in the denial of the charges.
* Additional information or documents may be requested in order to process a claim. Failure to submit requested information in a timely manner may result in the denial of the claim.