PREMERA BLUE CROSS MEDICARE ADVANTAGE PLANS

Instructions for requesting dental reimbursement

Use the Dental Claim Reimbursement Payment Consideration form on page 2 of this document when you have expenses from a dental provider who does not bill Premera directly. You can complete the form using option 1 or option 2 listed below.

Option 1

1 Complete one Dental Claim Reimbursement Payment Consideration form per enrollee (page 2)

2 Request a completed American Dental Association (ADA) Claim Form from your provider.

3 Mail both completed forms to:

Premera Blue Cross Medicare Advantage
PO Box 981743
El Paso, TX 79998-1743

Option 2

1 Complete one Dental Claim Reimbursement Payment Consideration form per enrollee (page 2)

2 Request an itemized statement from your provider that includes the following information:

- Date of service
- Charge
- Dental procedure
- CDT code

Your dental office should provide this to you upon request. Keep copies of your original receipts for your files. We can't return originals to you.

3 Mail the completed form and itemized statement to:

Premera Blue Cross Medicare Advantage
PO Box 981743
El Paso, TX 79998-1743

To help process your claim, the forms must be completed, signed, and returned with all required documents. You do not need to include this page.

PREMERA | BLUE CROSS
An Independent Licensee of the Blue Cross Blue Shield Association

PREMERA BLUE CROSS MEDICARE ADVANTAGE PLANS

Dental Claim Reimbursement Payment Consideration Form

Fill out, print, sign, and mail this form with either the American Dental Association (ADA) form, or itemized statement to:

Premera Blue Cross Medicare Advantage
PO Box 981743
El Paso, TX 79998-1743

Member ID

The member ID can be found on your Premera Blue Cross Medicare Advantage ID card.

Enrollee ID ZNP: _____

Group number: _____

Member Information

Last name: _____ First name: _____

Street address: _____

City: _____ State: _____ ZIP code: _____

Date of birth: _____ Sex: Male ☐ Female ☐

Date of service: _____

I certify the above information is true, the enclosed material is correct and unaltered, and the expenses were incurred by the member 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.

Member signature: _____ Date: _____

Phone: _____

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.

PREMERA | BLUE CROSS
An Independent Licensee of the Blue Cross Blue Shield Association

Discrimination is Against the Law

Premera Blue Cross (Premera) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator ― Complaints and Appeals, Premera Blue Cross Medicare Advantage Plans - Complaints & Appeals, PO Box 262527, Plano, TX 75026, Phone: 888-850-8526, Fax: 800-889-1076, TTY: 711, Email AppealsDepartmentInquiries@Premera.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-850-8526 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 888-850-8526（TTY：711）。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 888-850-8526 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 888-850-8526 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 888-850-8526 (телетайп: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 888-850-8526 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 888-850-8526 (телетайп: 711).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 888-850-8526 (TTY: 711)។

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。888-850-8526（TTY:711）まで、お電話にてご連絡ください。

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 888-850-8526 (መስማት ለተሳናቸው: 711).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 888-850-8526 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 888-850-8526 (رقم هاتف الصم والبكم: 711).

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 888-850-8526 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 888-850-8526 (TTY: 711).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັ ຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 888-850-8526 (TTY: 711).

Premera Blue Cross is an HMO plan with a Medicare contract. Enrollment in Premera Blue Cross depends on renewal.