

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:

Dominion National Attn: Premera
P.O. Box 211424
Eagan, MN 55121

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:

Dominion National Attn: Premera
P.O. Box 211424
Eagan, MN 55121

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 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:

Dominion National Attn: Premera
P.O. Box 211424
Eagan, MN 55121

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.

Notice of availability and nondiscrimination 888-850-8526 | TTY: 711

Call for free language assistance services and appropriate auxiliary aids and services.

Llame para obtener servicios gratuitos de asistencia lingüística, y ayudas y servicios auxiliares apropiados.

呼吁提供免费的语言援助服务和适当的辅助设备及服务。

呼籲提供免費的語言援助服務和適當的輔助設備及服務。

Gọi cho các dịch vụ hỗ trợ ngôn ngữ miễn phí và các hỗ trợ và dịch vụ phụ trợ thích hợp.

무료 언어 지원 서비스와 적절한 보조 도구 및 서비스를 신청하십시오.

Звоните для получения бесплатных услуг по переводу и других вспомогательных средств и услуг.

Tumawag para sa mga libreng serbisyo ng tulong sa wika at angkop na mga karagdagang tulong at serbisyo.

Звертайте за безкоштовною мовною підтримкою та відповідними додатковими послугами.

សូមហៅទូរសព្ទទៅសេវាជំនួយភាសាដោយឥតគិតថ្លៃ ព្រមទាំងសេវាកម្ម និងជំនួយចាំបាច់ដែលសមរម្យផ្សេងៗ។

無料言語支援サービスと適切な補助器具及びサービスをお求めください。

ለነፃ የቋንቋ እርዳታ አገልግሎቶች እና ተገቢ ድጋፍ ሰጪ አጋዥ መሳሪያዎችን እና አገልግሎቶችን ለማግኘት በስልክ ቁጥር

Tajaajiloota deeggarsa afaan bilisaa fi gargaarsaa fi tajaajiloota barbaachisaa ta'an argachuuf bilbilaa.

ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਉਚਿਤ ਸਹਾਇਕ ਚੀਜ਼ਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਵਾਸਤੇ ਕਾਲ ਕਰੋ।

Fordern Sie kostenlose Sprachunterstützungsdienste und geeignete Hilfsmittel und Dienstleistungen an.

ໂທເພື່ອຮັບການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການບໍລິການ ແລະ ການຊ່ວຍເຫຼືອພິເສດທີ່ເໝາະສົມແບບບໍ່ເສຍຄ່າ.

اتصل للحصول على خدمات المساعدة اللغوية المجانية والمساعدات والخدمات المناسبة.

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, including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes. Premera does not exclude people or treat them less favorably because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. Premera provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services 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 assistance services to people whose primary language is not English, which may include qualified interpreters and information written in other languages. If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our 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, sex, sexual orientation, or gender identity, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, Premera Blue Cross Medicare Advantage Plans, PO Box 21481, Eagan, MN 55121, Phone: 888-850-8526, TTY: 711, Fax: 800-889-1076, Email AppealsDepartmentInquiries@Premera.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our 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>.

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

