

DENTAL CLAIM INSTRUCTIONS

Before submitting your claim, make sure that all required information on the claim form has been completed and that you have signed the appropriate signature blocks. Failure to complete applicable information may **DELAY** payment of your claim.

TIMELY CLAIMS SUBMISSION: All claims are required to be submitted within 12 months of the date of service. If claims are not submitted within these guidelines, payment will not be assured.

1. **PART 1** — Must be completed in its entirety by the **EMPLOYEE**. Be sure that #13 relating to the other group coverage is completed if applicable.
2. **PART 2** — Is to be completed by the **DENTIST**, or a comparable dental form may be attached to the CEBT form.
3. When the claim is being submitted for payment, be sure that **PART 4** and **PART 5** are signed by the applicable people. If in **PART 4** you assign benefits, CEBT will make payment to the dentist; if you do not wish to assign benefits, CEBT will make payments to you.
4. If the claim is for **ORTHODONTICS**, the dentist needs to list the total fee, the class of malocclusion (diagnosis), how long the treatment will last, and the date that the appliances (braces) were placed.

MAIL CLAIMS TO:

UMR
PO Box 30541
Salt Lake City, UT 84130-0541

NOTE: PROVIDERS—FOR INFORMATION, PLEASE CALL (303) 773-1373