

<b>ADA Claim Form Block Number/Description</b>	<b>Regence BlueCross BlueShield of Oregon Block Instructions and Requirements</b>
<b>Block 1 - Dentist's pretreatment estimate or statement of actual services and identification of specialty</b>	By checking the appropriate box, the form will be processed more quickly and with less chance of error. We do not require identification of specialty at this time.
<b>Block 2 - Medicaid claim, EPSDT, prior authorization number</b>	Include appropriate information for government funded benefit programs as necessary.
<b>Blocks 3-7 - Carrier name and address zip</b>	Indicates where the claim is to be sent.
<b>Blocks 8-11, 16 - Patient name and address</b>	Include patient's <i>legal</i> name for proper identification purposes.
<b>Block 12 - Patient date of birth</b>	Required in order to determine eligibility.
<b>Block 13 - Patient ID number</b>	Not required to process claim. A dental office assigned number.
<b>Block 14 - Sex</b>	Required for identification purposes and statistical analysis.
<b>Block 15 - Patient phone number</b>	Patient's phone number.
<b>Block 17 - Relationship to subscriber/employee</b>	Employee refers to the insured person and their relationship to the patient, which may affect the patient's eligibility, as well as level of benefits available.
<b>Block 18 - Employer/School name and address</b>	Eligibility of the dependent patient may be affected if the patient is over a certain age (specified in the benefits policy) and is still a full-time student.
<b>Block 19 - Subscriber/Employee ID or Social Security Number</b>	The employee's social security number (SSN) is commonly used for an identification number, but some plans use an identification number that is different from the SSN.
<b>Block 20 - Employer</b>	The subscriber's employer name.
<b>Block 21 - Group number</b>	Refers to the contract policy number assigned to the employer group.
<b>Blocks 22-30 - Subscriber/Employee information</b>	Refers to the insured person, not necessarily the patient.
<b>Block 31 - Is patient covered by another plan?</b>	This information identifies multiple coverage and helps determine which other carriers, if any, have primary liability for treatment provided.
<b>Block 32 - Policy number</b>	Refers to the policy number assigned to the employer group.
<b>Blocks 33-35 - Other subscriber information</b>	Refers to employee with policy number in Block 32.
<b>Block 36 - Plan/Program name</b>	Identifies national programs, such as Champus.
<b>Block 37 - Employee/School</b>	Refers to person in Block 33. Necessary for eligibility requirements and coordination of benefits.
<b>Block 38 - Employer/Employer status</b>	Refers to person in Block 22. Necessary for eligibility requirements and coordination of benefits.
<b>Block 39 - Patient signature</b>	The patient is defined as an individual who has established a professional relationship with a dentist for the delivery of dental health care. For communication of information and consent, this term may also include the patient's parent, caretaker, guardian, or other individual as appropriate under state law and the circumstances of the case.
<b>Block 40 - Employer/School</b>	Refers to person in Block 22; needed for coordination of benefits.
<b>Block 41 - Employee/Subscriber</b>	Must be completed if the patient and/or the dentist wish to have benefits paid directly to the dentist. This is an authorization of payment and does not constitute an assignment of benefits. It does not create a contractual relationship between the dentist and the payer.
<b>Blocks 42-43, 46, 50-52 - Information for billing dentist or dental entity</b>	The individual dentist's name or the name of the group practice/corporation responsible for billing. This may differ from the actual treating dentist's name. This is the name that should appear on any payments or correspondence that will be remitted to the billing dentist.
<b>Block 44 - Provider ID #</b>	Not required for claim processing at this time.
<b>Block 45 - Dentist Social Security number or TIN</b>	Refers to dentist or dental entity in Block 42. Report the corporation or individual's tax ID number.
<b>Block 47 - Dentist license number</b>	This is the license number of the billing dentist. This may differ

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	from that of the treating dentists, which appears in the dentist's signature block at the bottom of the form.
<b>Block 48 - First visit date current series</b>	Important to determine what services are covered when a patient becomes eligible in the middle of an active treatment plan.
<b>Block 49 - Place of treatment</b>	Depending on where treatment is rendered, medical and/or hospital coverage (including dental benefits) may be applied. ECF stands for "extended care facility."
<b>Block 53 - Radiographs or models enclosed</b>	Indicates whether diagnostic materials were submitted. Assists in return of proper number of materials to dentist.
<b>Block 54 - Is treatment for orthodontics?</b>	Enter yes or no.
<b>Block 55 - If prosthesis for a crown, bridge or denture, is this initial placement?</b>	Most dental contracts have specific limitations on replacement of dentures, partials, crowns, and bridges. This is used to determine eligibility.
<b>Block 56 - Is treatment result of occupational illness or injury?</b>	Refers to possible application of Workers' Compensation, which would alter coverage available and carrier involved. Important for coordination of benefits and accurate claims processing.
<b>Block 57 - Is treatment the result of an auto accident?</b>	Will affect reimbursement in no-fault auto cases. Indicates whether another party's insurance may be responsible. Also important for coordination of benefits.
<b>Block 58 - Diagnosis Code Index</b>	We do not require at this time.
<b>Block 59 - Examination and treatment plan</b>	Refer to the American Dental Association's Current Dental Terminology (CDT-3) for appropriate procedure codes. We do not require diagnosis codes at this time.
<b>Block 60 - Identify all missing teeth</b>	Identify missing teeth with an 'X'.
<b>Block 61 - Remarks for unusual services</b>	Indicate information that may be helpful in determining the benefits for the treatment. If space is inadequate, use unused portion of Block 59, or attach a separate page.
<b>Block 62 - Dentist's signature block</b>	The treating dentist's signature and license number.
<b>Block 63-66 - Address where treatment was performed</b>	Complete this section if treatment was performed at a different location than indicated in Blocks 46, 50-52.
<b>Payment itemization:</b>	Optional area for some carriers to calculate payments.
<b>For administrative use only:</b>	Area where carrier calculates benefits.