



Please attach this form to the claim form from your dental provider for faster claims service.

INSTRUCTIONS FOR THE EMPLOYEE

- If you want us to pay benefits directly to the dentist, sign and date the authorization on the dentist's claim form. If authorized, we will make payment directly to your dentist and send a copy of the payment to you for your records.
- Sign and date the authorization to release information on the dentist's claim form.

For DentalGuard Customer Service,  
call 800-541-7846

THE GUARDIAN  
DENTALGUARD PREFERRED  
P O BOX 2459  
SPOKANE WA 99210-2459

LEGAL SERVICES FOR NEW YORK



PLAN NO. G- 291131

GG-013586

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INSTRUCTIONS FOR THE DENTIST

- Submit a claim for each new course of treatment by sending us an itemized statement of services. Make certain that the patient's name, social security number and date of birth are on the itemized statement.
- For claims of less than \$300, submit a bill itemizing charges for each procedure. Send the bill, along with this form, to the address indicated on the reverse side.
- For non-emergency claims expected to exceed \$300, submit an itemized listing for each proposed procedure.

To avoid loss, mail your itemized list of charges and pre-treatment x-rays (if necessary) together in one envelope.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. In New York, the person shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. In California, any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.



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