

Medicare Dental Claim Form Sample

Download a **Medicare dental claim form sample** that includes detailed instructions for submitting attachments. This sample helps ensure all necessary documents are properly attached for efficient processing. Use it as a guide to streamline your dental claims and avoid delays.

Sample Medicare Dental Claim Form

Patient Information

Name:

Date of Birth:

Medicare Number:

Provider Information

Provider Name:

NPI Number:

Phone Number:

Treatment Information

Date of Service:

Procedure Code:

Description:

Tooth Number (if applicable):

Total Charges:

Attachment Details

Type of Attachment:

X-ray

Attachment Description:

Number of Attachments:

Signature

By submitting this claim, I certify that the information provided is accurate and complete to the best of my knowledge.

Signature:

Date:

Submit Claim

Attachment Submission Instructions

1. Ensure all documents (e.g., X-rays, treatment narratives, itemized bills) are clearly labeled with the patient's name and Medicare number.
2. Include a cover sheet listing all attachments and their corresponding sections.
3. For electronic submissions, scan attachments as legible PDF files and combine them with your claim form.
4. For paper submissions, securely staple or paperclip attachments to the claim form. Do not use glue or tape.
5. Double-check that the number of attachments matches the details listed above.
6. Send the complete packet to your Medicare claims address or upload via the approved electronic portal.

Note: Incomplete submissions or missing documents may result in claim delays or denials.