

Dental Claim Form (Out-of-Network Provider)

Download a **Dental claim form** sample designed specifically for out-of-network dental providers to ensure accurate and efficient reimbursement. This form helps patients submit claims for treatments received outside their insurance network. It simplifies the process to maximize benefits and minimize out-of-pocket expenses.

1. Patient Information

Patient Name	<input type="text"/>	Date of Birth	<input type="text"/>
Address	<input type="text"/>		
Email	<input type="text"/>	Phone	<input type="text"/>
Policyholder Name	<input type="text"/>	Relationship to Patient	<input type="text" value="Select"/>

2. Insurance Information

Insurance Company	<input type="text"/>	Group Number	<input type="text"/>
Policy/ID Number	<input type="text"/>	Customer Service Phone	<input type="text"/>

3. Out-of-Network Dental Provider Information

Provider Name	<input type="text"/>	NPI (if available)	<input type="text"/>
Office Address	<input type="text"/>		
Phone	<input type="text"/>	Email	<input type="text"/>

4. Treatment Details

Date of Service	Procedure Code	Description	Tooth #	Fee Charged
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Fee Charged				<input type="text"/>

5. Authorization

I certify that the information provided above is accurate. I authorize the release of any medical or other information necessary to process this claim.

Patient/Guardian Signature	<input type="text"/>	Date	<input type="text"/>
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Submit Claim

