

DIRECT MEMBER REIMBURSMENT CLAIM FORM

DENTAL ONLY FORM - Vision claims must be submitted directly to Davis Vision by member

Both pages on this form must be filled out completely and must include the following to be considered for processing.

- Copy of the original itemized bill reflecting all submitted codes including the billed amount for each code.
- Copy of receipt showing proof of payment. (Office ledger and/or invoice submission should still include receipt with proof of payment.)

Cash register and credit card receipts alone are not acceptable as proof of payment. Reimbursement is not guaranteed. Claims will be subject to limitations, exclusions, and other provisions of the Plan Benefit.

Required

| EIVIPLOYER INFORIVIATION | | | | |
|----------------------------|------------------|-----------------|----------------|--|
| Company Name and Group ID |)# | | | |
| Subscriber Name | | | | |
| Member ID | _ Date of Birth_ | | | |
| Patient Name | | | | |
| Relationship to Subscriber | | | _Date of Birth | |
| Provider Name | | | | |
| Tax ID Number | | | | |
| NPI Number | | | | |
| TREATING LOCATION INFORM | MATION | | | |
| Street | | City/State/Zip_ | | |
| Phone Number () | | | | |

Procedure Codes Requested for Reimbursement:

| Date of Service | Procedure Code | Tooth/Area or Modifier | Amount Member Paid |
|-----------------|----------------|------------------------|--------------------|
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REMEMBER TO INCLUDE A COPY OF THE ORIGINAL ITEMIZED BILL AND PROOF OF PAYMENT AND KEEP A COPY FOR YOUR RECORDS.

Under penalty of perjury, I agree to the following: This claim occurred while the patient was covered by this plan. The attached bill is an original and unaltered.

| Subscriber Signature: | Date | |
|---|----------------------------|--|
| Please mail or email this form with all required su | pporting documentation to: | |
| Argus Dental & Vision Attn: | | |
| Claims Department | | |
| 4211 W. Boy Scout Blvd. | | |
| Suite 295 | | |
| Tampa FL 33607 | | |

Email: DMRClaimsIntake@aflac.com

Customer Service Phone Number: (855) 819-1873

Note: Failure to complete this form in its entirety with all necessary documentation included will result in the claim not being considered for processing.