



MAIL THIS FORM TO: PHYSICIANS MUTUAL INSURANCE COMPANY
 DENTAL ADMINISTRATOR: AMERITAS LIFE INS CORP
 PO BOX 82520
 LINCOLN, NE 68501
 TELEPHONE: 1-877-667-6187

DENTAL EXPENSE CLAIM FORM

PART 1 - TO BE COMPLETED BY INSURED

1. Patient Name	2. Relationship to Insured Self Spouse Child Other	3. Sex M F	4. Patient Date of Birth Mo. Day Year	5. If full time student School City
6. Insured Name First Middle Last				Insured Date of Birth Mo. Day Year
7. Insured's Address				Policy or Certificate Number
8. City, State, Zip				
9. AUTHORIZATION TO RELEASE INFORMATION - I hereby authorize any Provider, Insurer, or other Organization to release any information regarding the dental history, treatment, or benefits payable for this claim to the Plan Administrator or its authorized agent for the purpose of determining benefits payable. My authorized representative or I have a right to a copy of this authorization upon request.			10. AUTHORIZATION TO PAY BENEFITS TO BELOW NAMED DENTIST - I hereby authorize payment directly to the below named Dentist of the Dental Benefits for services described below.	
CERTIFICATION - I certify that the foregoing information is true and correct.				
SIGNED (PATIENT OR PARENT IF MINOR)			SIGNED (SUBSCRIBER)	
DATE			DATE	

PART II - TO BE COMPLETED BY ATTENDING DENTIST

11. Dentist Name	19. Is treatment result of occupational illness or injury? No Yes	If yes, enter brief description and dates:		
12. Mailing Address	20. Is treatment result of auto accident? 21. Other accident?	No Yes		
City, State, Zip	22. Are any services covered by another plan?	No Yes	If yes, name of other plan:	
13. Dentist Soc. Sec. or T.I.N.	14. Dentist License No.	15. Dentist Phone No.	23. If Prosthesis, is this initial placement?	25. Date of prior placement
16. First visit date current series	17. Place of treatment Office Hosp. ECF Other	18. Radiographs or Models enclosed No Yes How Many?	24. Is treatment for Orthodontics?	If services already commenced, enter Date appliances Mos. treatment Placed: Remaining:

CHECK ONE: DENTIST'S PRETREATMENT ESTIMATE DENTIST'S STATEMENT OF ACTUAL SERVICES

Identify Missing Teeth with "X" 	26. Examination and treatment plan - list in order from tooth No. 1 through tooth No. 32 - use charting shown.							
	Tooth # or Letter	Surface (i.e., M, O, D, B, L, LA, I)	DESCRIPTION OF SERVICE (Including X-rays, prophylaxes, materials used, etc.)	Date Service Completed Mo. Day Year			Procedure Number	FEE
27. Remarks for unusual services								

I hereby certify that the procedures as indicated by date have been completed and the fees indicated are those actually charged the patient regardless of the existence of insurance coverage.

TOTAL FEE CHARGED

SIGNED (DENTIST) _____ Date _____

ATTENTION

This form must be used to report the completion of covered dental services when prior review is not requested. Your dentist's standard claim form is also acceptable or your Dentist may file this claim electronically.

Any person who knowingly and with intent to defraud any insurance company or other person files a statement 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.

INSTRUCTIONS TO INSURED

1. Fill in Part 1-Identification section. Show relationship and date of birth.
2. Give form to dentist to complete Part 2.
3. Mail to the Dental Department.
Physicians Mutual Insurance Company
Dental Administrator: Ameritas Life Insurance Corp.
P.O. Box 82520
Lincoln, NE 68501
4. Any questions concerning your claim should be directed to Ameritas Life Insurance Corp. at the above address or by calling 1-877-667-6187.

Fraud Warning Statements

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly, and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Georgia: Any person who, with intent to defraud or knowing that he is facilitating a fraud against insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement or claim containing any false, incomplete, or misleading information is guilty of a felony.

Indiana: A person who knowingly, and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Nebraska: Any person who, with intent to defraud or knowing that he is facilitating a fraud against insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

New Hampshire: Any person who with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided by RSA 638.20

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: 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, and 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.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who, with intent to defraud or knowing that he is facilitating a fraud against insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Pennsylvania: 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 and subjects such person to criminal and civil penalties.

Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Tennessee: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Vermont: Any person who, with intent to defraud or knowing that he is facilitating a fraud against insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Virginia: Any person who, with intent to defraud or knowing that he is facilitating a fraud against insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

If you live in a state other than mentioned above, the following statement applies to you: Any person who knowingly, and with intent to injure, defraud or deceive any insurer or insurance company, files a statement of claim containing any materially false, incomplete, or misleading information or conceals any fact material thereto, may be guilty of a fraudulent act, may be prosecuted under state law and may be subject to civil and criminal penalties. In addition, any insurer or insurance company may deny benefits if false information materially related to a claim is provided by the claimant.