

ADA Dental Claim Form

Header Information

1. Type of Transaction (Check all applicable boxes)

- Statement of Actual Services—OR— Request for Predetermination/
 EPSDT/Title/XIX Preauthorization

2. Predetermination/Preauthorization Number

Primary Payer Information

3. Name, Address, City, State, Zip

48. Name, Address, City, State, Zip
49. Provider ID
50. License Number
51. SSN or TIN