

Completing the TDP OCONUS Claim Form

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PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ADDRESS.

The completed form should be sent to United Concordia, TDP OCONUS Dental Unit, P.O. Box 69418, Harrisburg, PA 17106-9418 USA

Most of the TDP OCONUS Claim Form is self-explanatory; however, there are certain fields to which special attention should be paid:

- **Upper left corner. Dentist's Claim Form:** Check the appropriate box to indicate if your claim is for predetermination (estimate of services to be performed) or for services actually received.
- **Box 2. Relationship to sponsor:** For example, self, spouse, or child.
- **Box 7. Sponsor's Social Security number (SSN):** The sponsor's nine-digit SSN must appear on every claim form.
- **Box 8. Patient mailing address:** Be sure to provide the current and complete mailing address to include APO/FPO and/or street, city, country, and postal mailing code.
- **Box 10. Release of Information**
- **Box 13. Is patient covered by another dental plan?:** Check "No" if the family member has no other dental insurance. If the family member has additional dental insurance, please check "Yes" and include the plan name, insured name and Social Security number, group number, and address of the other carrier.
- **Box 14. Assignment of Benefits:** Sign if the family member, parent, or guardian wants to assign payment of benefits to the dentist; if signed, United Concordia will send payment to the dentist directly.
- **Box 15. Dentist name**
- **Box 16. Office address:** Include street, city, country, and postal mailing code where services were performed.
- **Box 16a. Billing address:** Include street, city, country, and postal mailing code.
- **Box 17. Dentist phone no.:** Include the country code and city code, along with local number.
- **Box 27. Is treatment for orthodontics?:** For orthodontic care, submit a completed copy of this claim form along with a valid Non-Availability and Referral Form and the provider's bill to the address on the front of this form.
- **Box 29. Examination and treatment plan:** Provide a detailed description of the services performed, including applicable tooth numbers, date of service, and the fee charged.
- **Box 33. Indicate Currency:** Indicate type of currency billed to patient (U.S. dollars or local currency).

General Instructions

- Submit a separate claim form for each family member who receives treatment.
- **All claim forms should be submitted to United Concordia as soon as possible after the service date**, preferably within 60 days of the date of service. Claims postmarked more than 12 months after the date of service will be denied.
- The family member must sign the appropriate sections of the claim form. If the family member is under 18 years old, the parent or guardian must sign the form.
- The provider must sign the appropriate sections of the claim form.
- For orthodontic and implant services, submit the following:
 1. A completed claim form
 2. The dentist's bill (if the claim form is not used solely as the bill)
 3. A Non-Availability and Referral Form

If all necessary information is not included, your claim may be denied.