

SPECIAL NOTICE

Pre-determination of benefits should be filed when the dentist's estimated charge is \$300 or more. It is to your advantage to know the benefits before you agree to have the work completed.

ATTENTION

This form must be used to report the completion of covered dental services when prior review is not requested.

INSTRUCTIONS TO INSURED

1. Fill in Part I – Identification section (both patient and employee sections). Show relationship and date of birth.
2. Give form to dentist to complete Part II.
3. Mail to the Dental Department:

**SECURITY LIFE INSURANCE COMPANY OF AMERICA
P.O. Box 5001
Schenectady, NY 12301-5001**

4. Any questions concerning your claim should be directed to the Dental Department at the above address or by calling: **1-800-300-9566**.

ELECTRONIC DENTAL CLAIMS PROCESSING IS AVAILABLE THROUGH ENVOY-NEIC
HEALTHCARE EDI NETWORK.
OUR ENVOY-NEIC PAYER ID IS 14168.
IF YOU DO NOT CURRENTLY BILL YOUR PATIENT CLAIMS ELECTRONICALLY TODAY,
WE ENCOURAGE YOU TO CALL ENVOY-NEIC AT 1-800-366-5716 TO OBTAIN
INFORMATION ABOUT THIS COST SAVINGS PROCESS.