	Dental		Forr							
HEADER INFORMATION										

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1,	1. Type of Transaction (Mark all applicable boxes)										c/o Zenith American Solutions																	
Į	Statement of Actual Services Request for Predetermination/Prequirhorization											I -	O BOX			T 0640	3 76	17			Tal.	<b>(000</b> )	. 011	1703				
2	EPSDT/Title XIX  Predetermination/Preauthorization Number												-	allingfo						D144 T1					-1703		. 11.	(10)
												POLICYHOLDER/SUBSCRIBER INFORMATION (For Insurance Company Named in #3)  12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code																
IN	SURANCE COMPANY/E	DENTA	LBEN	FFIT P	LAN	INFO	ZM AT	TION				_	-	, r oncynolo		003	remoer rees	10 (10	31, 1 1131,	Modic	IIIItiça	i, odilix	). Houre	633 <sub>8</sub> O	ny, orace	_ zip c	,000	
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V	allingford, CT 0649	92-76	17										13.	Date of Bi	rth (N	IΜ	(DD/CCYY	)	14. Ge			15. Pol	licyhold	der/Sul	bscriber	ID (SS	N or I	ID#)
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_	Other Dental or Medical Cov Name of Policyholder/Subsc			No (Ske	-	-	<del></del>		Compi	ete 5-11)			- 54	ATIENT IN	ıror	78.5	IATION											
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6.	Date of Birth (MM/DD/CCYY	'n T	7. Geno	ler	T <sub>8</sub>	_ Policy	halde	r/Sub:	scriber	ID (SSN	or ID#	)	"	Self	Γ	_	Spouse		Depend		_	Oth	er	"	FTS		7 P1	rs
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9.	Plan/Group Number		10. Pati	ent's Re	lation	ship to	Perso	n Nar	ned in	#5																		
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11.	Other Insurance Company/	Dental E	Benefit P	lan Nam	ie. Ad	dress, (	City S	tate, 2	Zip Co	de																		
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36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of								38. Place of Treatment  39. Number of Enclosures (00 to 99) Radiograph(s) Oral Image(s) Modelits  FOR Other																				
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	ntist or dental entity.	y	nie udi	outidi		ormae p			,, onesi	, walo (/	- AUTH ING		45	. Treatmen	t Res	olti	ing from											
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