

☐ Pretreatment Estimate/Predetermination

Claim Address: PO Box 489 Latham NY 12110-0489



PATIENT INFORMATION

City _____ State _____ Zip _____

☐ Self ☐ Spouse ☐ Dependent Child ☐ Other

City _____ State _____ Zip _____

☐ Self ☐ Spouse ☐ Dependent Child ☐ Other

	Total
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A	B	C	D	E	F	G	H	I	J
T	S	R	Q	P	O	N	M	L	K

ADDITIONAL INFORMATION

X

Date of prior placement? (dd/mm/yyyy) _____

TREATING DENTIST

NPI	License #
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Phone Number