Medicare Advantage Dental Receipt Reimbursement

Please attach a copy of your itemized bill and paid receipt. Keep a copy of all documents for your records, as copies submitted with your request will not be returned. Not all plans include dental coverage or dental allowances. If your plan does not include dental coverage or dental allowances, disregard this form. You must submit your claim to us within 12 months of the date you received the service.

Date	
Name	
Address	
Date of birth	

Subscriber ID	
Dental provider's national provider identifier (NPI)/ taxpayer identification number (TIN)	
Dental provider's name	
Dental provider's address	

Please mail to:

Dental Claims Administrator
P.O. Box 69421
Harrisburg, PA 17106-9421

Allow four to six weeks for reimbursement. If you have any questions, feel free to contact customer service at 1-800-329-2792 (TTY 711), Monday – Friday, 8 a.m. – 8 p.m. EST.

Highmark Blue Cross Blue Shield is a Medicare Advantage HMO, PPO, and/or Part D plan with a Medicare contract. Enrollment in these plans depends on contract renewal. Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Cross Blue Shield is an independent licensee of the Blue Cross Blue Shield Association. All references to "Highmark" in this document are references to the Highmark company that is providing the member's health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

The Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Tenemos servicios gratis de interpretación para responder cualquier pregunta que pueda tener sobre nuestro plan médico o de medicamentos. Para obtener un intérprete, simplemente llámenos al número que figura en la parte de atrás de su tarjeta de ID (TTY: 711). Alguien que hable español puede ayudarlo. Este servicio es gratis. 我们免费提供口译服务，为您解答有关我们健康计划或药物计划的任何疑问。如需口译服务，只需拨打您 ID 卡背面的电话号码（TTY 711）与我们联系即可。说中文的工作人员可为您提供帮助。此项服务免费。

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