

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 I.
3. Mail to the Dental Department:

**SECURITY HEALTH INSURANCE COMPANY OF AMERICA, NEW YORK, INC.
P.O. BOX 1065
SCHENECTADY, NY 12301**

4. Any questions concerning your claim should be directed to the Dental Department at the above address or by calling: **1-877-230-1024**

ELECTRONIC DENTAL CLAIMS PROCESSING IS AVAILABLE THROUGH
EMDEON

OUR EMDEON PAYER ID IS CX092.

IF YOU DO NOT CURRENTLY BILL YOUR PATIENT CLAIMS ELECTRONICALLY TODAY, WE
ENCOURAGE YOU TO CALL EMDEON AT 1-888-255-7293 TO OBTAIN INFORMATION ABOUT
THIS COST SAVINGS PROCESS.

<http://www.emdeon.com/Dentists/dentists.php>

DentalSupport@Emdeon.com