



2019 ADA Dental Claim Form - Detailed Instructions

Willinformation on the dental claim form should be typed or legibly printed. The Selds designated by an arterial: (*) are mondatory; other fields are required when applicable. The only fields used in the Vermon't Medicald program are listed below; other fields do not read to be completed.

Though dental practitioners are not required to include a diagnosis code when submitting dains to Vermont Medicaid, if they choose to include codes, they must be valid. Valid codes can be found in ICC-10-CM: International Classification of Diseases. Tenth Revision. Clinical Modification. The use of appropriate diagnosis codes is the safe responsibility of the dental provider.

field Locator	Required Information
1. VERMONT MEDICARD/EPS DT* (Exemple below)	Check EPSOT/Title XIX if it is appropriate to the age of the member.
ADA American Dental Aspectations' Dental Claim For	
	POLICE PRODUCTION AND RESIDENCE SANDERS AND
3. PRIMARY PAYER INFORMATION	Enter "vermont Medicald".
4. OTHER DENTAL/MEDICAL COVERAGE* (Energie below)	Mark the box "Dentall" or "Medical?" whenever a patient has coverage under any other dental or medical plan, regardless of whether the claim will be submitted to that other coverage. If both are marked, enter the information about the dental benefit in items 5 - 11.
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11. DTHER CARRIER NAME	If the patient has other health insurance (excluding Medicare), enter the insurance camier's name.
TD, SUBSCREER & NUMBER* (Fairple below)	Enter the patient's 'stamont Medicaid D #.
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Canadian Dental Association

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University, for the Academic Year ... Washington University (Saint Louis, Mo.),1890

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