



## **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 II.
3. Mail to the Dental Department:

**SECURITY LIFE INSURANCE COMPANY OF AMERICA  
P.O. Box 1527  
Latham, NY 12110**

4. Any questions concerning your claim should be directed to the Dental Department at the above address or by calling: **1-800-300-9566**.

ELECTRONIC DENTAL CLAIMS PROCESSING IS AVAILABLE THROUGH ENVOY-NEIC  
HEALTHCARE EDI NETWORK.  
OUR ENVOY-NEIC PAYER ID IS 14168.  
IF YOU DO NOT CURRENTLY BILL YOUR PATIENT CLAIMS ELECTRONICALLY TODAY,  
WE ENCOURAGE YOU TO CALL ENVOY-NEIC AT 1-800-366-5716 TO OBTAIN  
INFORMATION ABOUT THIS COST SAVINGS PROCESS.