

HOW TO COMPLETE THE BAHAMAHEALTH DENTAL CLAIM FORM

Complete all areas on the claim form. Failure to do so may delay the processing of this claim.

*Items 4-23 must be completed by the BahamaHealth patient.
Items 1, 2, 3 & 24-58 must be completed by the attending dentist or provider of service.*

*****Claims must be submitted within six months of the date of service*****

*****Amendments should be initialed, Liquid paper will not be accepted on forms*****

Prior approval must be obtained from Bahamahealth if covered dental expenses are expected to exceed \$300.00. A pre-determination of benefit form should be forwarded to BahamaHealth in this regard.

Original receipts must be submitted. Copies will be accepted only if BahamaHealth is the secondary payer. A copy of a worksheet from the primary payer must accompany this form if BahamaHealth is the secondary payer.

Pre-operative dental x-rays must accompany all basic and major restorative claims and pre-determination of benefits requests.

With respect to accidents, please attach to the claim form, a written account of circumstances surrounding the accident.

A Police Traffic Accident Report is required for all claims relating to Auto Accidents.

Please submit claims and Pre-determination of benefits to:

**BAHAMAHEALTH
Claims Department
2nd Floor, Family Guardian Financial Centre
Corner of Church and East Bay Streets
P.O. Box SS-19079
Nassau Bahamas**

01/2008