DENTAL CLAIM FORM

TO BE COMPLETED BY ATTENDING DENTIST

I.  

1. Name of victim:

2. Date of crime:

3. Victim's Home Mailing Address:

4. Have you made application for services to Medicaid, Workers' Compensation, or any other insurance plan in relation to this injury? 
   If yes, which one?  ☐ Yes ☐ No

5. What history of crime related injury did the victim give you?

6. What is your diagnosis (include results of x-rays)?

7. What is your prognosis?

8. Do you believe this dental work is related to the crime as described in box 5?  ☐ Yes ☐ No
   Please explain.

II.  

1. Dentist Name:

2. If Prosthesis and/or Crown, is this initial placement?  ☐ Yes ☐ No (If No, Reason for Replacement)  Date of Prior Placement

3. Mailing Address:

4. Is this Treatment for Orthodontics?  ☐ Yes ☐ No  If Services Already Commenced, Enter:
   Date Appliance Placed:  Mos. Treatment Remaining

5. City, State, Zip Code

6. Dentist Tax Identification No.:  

7. Dentist License No.:  

8. I am a Specialist in:  ☐ Orthodontics ☐ Endodontics ☐ Oral Surgery ☐ Periodontics ☐ Other

9. Date of First examination  Place of Treatment Office, Hosp. Or Other  Radiographic or Model Enclosed?  NO YES HOW MANY?

10. Check Only One:  
   ☐ DENTIST'S STATEMENT OF ACTUAL SERVICES: I hereby certify that the procedures below were rendered and completed on the dates indicated.
   ☐ DENTIST'S TREATMENT PLAN (PRE-DETERMINATION OF BENEFITS).

   SIGNED (DENTIST)                     DATE

11. Was condition related to victim's employment?  ☐ Yes ☐ No
    Was condition related to an Auto Accident?  ☐ Yes ☐ No
    Was condition related to Other Accident?  ☐ Yes ☐ No

12. What permanent effects, if any, do you anticipate?

13. Examination and Treatment Plan. List in Order from Tooth No. 1 through Tooth No. 32

<table>
<thead>
<tr>
<th>Tooth # or Letter</th>
<th>Surface</th>
<th>DATE SERVICE PERFORMED</th>
<th>ADA Procedure Code</th>
<th>Fee</th>
<th>Description of Service (Including x-rays, prophylaxis, materials used, etc.)</th>
<th>Crime Related</th>
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TOTAL FEE CHARGED