

Instructions To The Employee:

1. Complete the Patient Section on the reverse side.
2. To avoid delay in handling, if dependent claim, please answer the following:
Are you entitled to an income tax exemption for this dependent?
 Yes No
3. Have the dentist complete the Dentist Section.
4. Sign the information release on the reverse side. If benefits are to be paid directly to the dentist, sign the authorization on the reverse.
5. Return the completed form directly to the address below.

Instructions To The Dentist:

For charges less than \$200.00:

Show the date the work was completed for each service and the corresponding fee.

For charges exceeding \$200.00:

1. Prior to commencement of treatment, compile a treatment plan describing treatment and corresponding fees and submit to Wells Fargo Third Party Administrators, Inc. for predetermination of benefits.
2. If treatment plan includes crowns or bridgework, please include mounted x-rays.

Submit all claim forms and invoices to the address below.

Wells Fargo Third Party Administrators, Inc.

P.O. Box 3262

Charleston, West Virginia 25332

Toll Free: 800.624.8605

Fax: 304.353.8773