

ADA Dental Claim Form - revision 2002

HEADER INFORMATION

1. Type of Transaction (check all applicable boxes)
 Statement of Actual Services -OR- Request for Predetermination/PreAuthorization
 EPSC/TITLE XIX

2. Predetermination/Preauthorization Number

PRIMARY PAYOR INFORMATION

3. Name, Address, City, State, Zip Code
RETAIL CLERKS TRUST
PO BOX 2265
SEATTLE WA 98111

OTHER COVERAGE

4. Other Dental or Medical Coverage? No (skip 5-11) Yes (complete 5-11)

5. Subscriber Name (Last,First,Middle Initial,Suffix)

6. Date of Birth (MM/DD/CCYY) 7. Gender M F 8. Subscriber Identifier (SSN or ID#)

9. Plan/Group Number 10. Patient Relationship to Other Subscriber (check box)
 Self Spouse Dependent Other

11. Other Carrier Name, Address, City, State, ZipCode

PRIMARY SUBSCRIBER INFORMATION

12. Name (Last,First,Middle Initial,Suffix),Address, City,State,Zip
Babbott, Ruby J
3456 Marion Street
Seattle, WA 98122-

13. Date of Birth (MM/DD/CCYY) 14. Gender M F 15. Subscriber Identifier (SSN or ID#)
04/25/1979 **789-65-4456**

16. Plan/Group Number 17. Employer Name
999999 **NORDSTROMS**

PATIENT INFORMATION

18. Patient Relationship to Other Subscriber (check box) 19. Student Status
 Self Spouse Dependent Child Other FTS PTS

20. Name (Last,First,Middle Initial,Suffix),Address, City,State,Zip
Babbott, Ruby
3456 Marion Street
Seattle, WA 98122-

21. Date of Birth (MM/DD/CCYY) 22. Gender M F 23. Patient ID/Account#(Assigned by Dentist)
04/25/1979 **PATIENT ID # 44**
CLAIM SERIES 1

RECORD OF SERVICES PROVIDED

24. Procedure Date	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or letters	28. Tooth Surface	29. Procedure Code	30. Description	31. Fee
08/23/2004	20	JP	13	MOD	D2393	COMPOSITE - THREE SURFACES	162.00

MISSING TEETH INFORMATION

34. (place an 'X' on each missing tooth)	Permanent								Primary								32. Other Fee(s)										
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		A	B	C	D	E	F	G	H	I	J
																	T	S	R	Q	P	O	N	M	L	K	33. Total Fee
																											162.00

35. Remarks

AUTHORIZATIONS

36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent of your use and disclosure of my protected health information to carry out payment activities in connection with this claim.

X SIGNATURE ON FILE **08/23/2004**
 Patient/Guardian signature Date

37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.

X SIGNATURE ON FILE **08/23/2004**
 Subscriber signature Date

ANCILLARY CLAIM/TREATMENT INFORMATION

38. Place of Treatment (Check applicable box)
 Provider's Office Hospital ECF Other

39. Number of Enclosures (00 to 99)
 Radiographs Cast Images Models

40. Is Treatment for Orthodontics?
 No (Skip 41-42) Yes

41. Date Appliance Placed(MM/DD/CCYY)

42. Months of Treatment Remaining 43. Replacement of Prosthesis?
 No Yes (complete 44)

44. Date of Prior Placement(MM/DD/CCYY)

45. Treatment Resulting from (Check applicable box)
 Occupational illness/injury Auto accident Other accident

46. Date of Accident (MM/DD/CCYY) //

BILLING DENTIST OR DENTAL ENTITY (leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber)

48. Name, Address, City, State, Zip Code
Gerald Spencer DDS
1065 12th Ave NW Suite E1
Issaquah, WA 98027-

49. Provider ID 50. License Number 51. SSN or TIN
 1234 **91-1234567**

52. Phone Number **425-391-0664**

TREATING DENTIST AND TREATMENT LOCATION INFORMATION

53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed and that the fees submitted are the actual fees I have charged and intend to collect for those procedures.

X Gerald Spencer DDS **08/23/2004**

Signed (Treating Dentist) Date

54. Provider ID 55. License Number **1234**

56. Address, City, State, Zip
1065 12th Ave NW Suite E1
Issaquah, WA 98027-

57. Phone Number **425-391-0664** 58. Treating Provider Specialty **General**

INSURANCE CLAIMS OUTSTANDING
Date Range 06/01/2004 to 07/31/2004
Gerald Spencer DDS OFFICE COMPUTER SYSTEMS INC.

AETNA (54)		
PO BOX 21645		206-455-8000 Ext
SEATTLE	WA 98111	Ext

[REDACTED]		Subscriber: Charles Edmonds (1)
[REDACTED]		Group: 00707
Birthdate: 4/25/85	Subscr SS# 564-55-7041	Employer: Boeing
Phone: 425-391-0664		Claim Amout: 178.00
Tx Date: 5/31/04	Sent: 6/4/04	Claim Balance: 178.00
		Today's date minus date sent = day count: 80

[REDACTED]		Subscriber: Charles Edmonds (1)
[REDACTED]		Group: 00707
Birthdate: 4/25/85	Subscr SS# 564-55-7041	Employer: Boeing
Phone: 425-391-0664		Claim Amout: 1800.00
Tx Date: 6/4/04	Sent: 7/8/04	Claim Balance: 1800.00
		Today's date minus date sent = day count: 46

Total for AETNA:**1978.00**

AETNA (434)		
PO BOX 9301		503-221-5546 Ext
PORTLAND	OR 97207	Ext

***** Secondary Claim *****

[REDACTED]		Subscriber: Jerrod Ulmer (21)
[REDACTED]		Group: L66612
Birthdate: 12/22/42	Subscr SS# 612-48-8990	Employer: Simpson Paper
Phone: 425-391-0664	425-391-0664	Claim Amout: 1105.00
Tx Date: 1/20/04	Sent: 6/4/04	Claim Balance: 1105.00
		Today's date minus date sent = day count: 80

Total for AETNA:**1105.00**

BLUE CROSS CA - WELLPOINT (78)		
1950 FRANKLIN STREET		415-645-3000 Ext
OAKLAND	CA 94659	Ext

***** Secondary Claim *****

[REDACTED]		Subscriber: Dorothy Smart (48)
[REDACTED]		Group: 999999
Birthdate: 8/15/89	Subscr SS# 214-88-1111	Employer: Boeing
Phone: 425-391-0664	425-391-0664	Claim Amout: 211.00
Tx Date: 4/5/04	Sent: 7/8/04	Claim Balance: 61.00
		Today's date minus date sent = day count: 46

INSURANCE CLAIMS OUTSTANDING
Date Range 06/01/2004 to 07/31/2004
Gerald Spencer DDS OFFICE COMPUTER SYSTEMS INC.

<u>Patient Name</u>	<u>Insurance Company</u>	<u>Prim/Sec</u>	<u>Tx Date</u>	<u>Sent</u>	<u>Current</u>	<u>31 - 60</u>	<u>61 - 90</u>	<u>91 - 120</u>	<u>Over 120</u>
Terry Abbott (12) SS# 452-26-4665	GREAT WEST (8) 206-465-2311 Ext	P	05/31/04 Ext	06/04/04			178.00		
Tina Baker (14) SS# 374-40-7004	WASHINGTON DENTAL-STATE (564) 206-526-2323 Ext	P	06/04/04 Ext	07/08/04		900.00			
Tina Baker (14) SS# 564-44-7975	WASHINGTON DENTAL SERVICE (560) 206-566-2323 Ext	S	06/04/04 Ext	07/08/04		900.00			
John Clayton (73) SS# 321-65-4987	GREAT WEST (8) 206-465-2311 Ext	P	06/04/04 Ext	07/08/04		3844.00			
Casey Edmonds (3) SS# 564-55-7041	AETNA (54) 206-455-8000 Ext	P	05/31/04 Ext	06/04/04			178.00		
Vivian Edmonds (2) SS# 374-55-7505	PRUDENTIAL (62) 800-566-2992 Ext	P	05/31/04 Ext	06/04/04			178.00		
Casey Edmonds (3) SS# 564-55-7041	AETNA (54) 206-455-8000 Ext	P	06/04/04 Ext	07/08/04		1800.00			
Vivian Edmonds (2) SS# 374-55-7505	PRUDENTIAL (62) 800-566-2992 Ext	P	06/04/04 Ext	07/08/04		1800.00			
Phillip Grady (32) SS# 339-39-3993	WASHINGTON DENTAL-BOEING (563) 206-526-2323 Ext	P	05/31/04 Ext	06/04/04			220.00		
Abraham Lincoln (64) SS# 546-23-1442	PAUL REVERE (443) 800-874-4000 Ext	P	05/31/04 Ext	06/04/04			279.00		
Lydia Patrick (7) SS# 034-55-7055	GUARDIAN (136) 800-877-2300 Ext	P	06/04/04 Ext	07/08/04		1572.00			
Jennifer Peters (9) SS# 375-22-8982	MUTUAL OF OMAHA (506) 800-323-1150 Ext	P	05/31/04 Ext	06/04/04			211.00		
Jane Porter (74) SS# 321-65-4987	DELTA DENTAL CA (428) 800-566-6000 Ext	P	06/04/04 Ext	07/08/04		292.00			

8/23/04

**Insurance Companies
Claims Print to Paper
Gerald Spencer DDS OFFICE COMPUTER SYSTEMS INC.**

<u>Insurance Company</u>	<u>EDI*</u>		
Aetna (567)	N	Seattle, Mi, 98 124 -	
ALASKA LOGGERS ASSN INC. (70)	N	111 STEDMAN ST SUITE 200 KETCHIKAN, AK 99910	800-565-2002 - -
ALLSTATE LIFE INSURANCE (238)	N	656 C TOLLGATE RD ELGIN, IL 60120	312-931-1133
BLUE CROSS NJ (452)	N	PO BOX 700 NEWARK, NJ 07102	201-456-2534
CONCEPT ADMINISTRATORS (458)	N	PO BOX 7090 SACRAMENTO, CA 95826	916-364-7000
DELTA DENTAL MI (445)	N	PO BOX 30416 LANSING, MI 48909	800-566-5566
DIVISION OF PROVIDER SERV (9999)	N	P.O. BOX 9253 OLYMPIA, WA 98507-9253	360-565-9000
EMPLOYEE BENEFIT COOP (65)	N	N 10015 DIVISION ST 202 SPOKANE, WA 99218	509-566-8999
FIRST PACIFIC LIFE (473)	N	PO BOX 15016 LOS ANGELES, CA 90015	213-736-0963
GENERAL ELECTRIC (192)	N	229 CONNECTICUT LIFE INS HARTFORD, CT 06152	800-243-5771
GREATER OREGON HEALTH (414)	N	PO BOX 1210 GRANTS PASS, OR 97525	503-479-7536
HEALTH CLAIM SERVICE (418)	N	1218 3RD AVE SUITE 1011 SEATTLE, WA 98101	206-566-9000
HOME LIFE INSURANCE (477)	N	PO BOX 29005 GLENDALE, CA 91209	310-817-4444
JAMES BENEFITS (91)	N	PO BOX 878 PORTLAND, OR 97207	503-248-6549
LINCOLN NATIONAL (323)	N	1510 W CAPE DR SUITE 201 SAN MATEO, CA 94404	310-566-2000
LINCOLN NATIONAL (417)	N	PO BOX 5001 FORT SCOTT, KS 66701	800-826-2898
LINCOLN NATIONAL (424)	N	4510 WEST 77TH STREET MINNEAPOLIS, MN 55437	800-221-9552
MEDICAL MANAGEMENT SERVIC (291)	N	PO BOX 1947-S STUDIO CITY, CA 91604	310-299-2000
MOTOROLA EMPLOYEE BENEFIT (267)	N	PO BOX 29005 PHOENIX, AR 85038	800-642-4224

* EDI Y=yes P=primary only N=no

EDI CLAIMS SENT
Batch Claims - Electronic Claims Sent on 08/23/2004
Gerald Spencer DDS OFFICE COMPUTER SYSTEMS INC.

ID #	Last Name	PV	Ins Id	Insurance Company Name	Series	Type	Tx Date	Sent	Amount	Pri/Sec
12	Abbott	F	8	GREAT WEST	3	R	08/23/04	08/23/04	162.00	Primary
37	Anderson	F	563	WASHINGTON DENTAL-BOEING	5	R	08/23/04	08/23/04	130.00	Primary
38	Anderson	F	563	WASHINGTON DENTAL-BOEING	2	R	07/22/04	08/23/04	730.00	Secondary
13	Baker	F	560	WASHINGTON DENTAL SERVICE	0	R	08/23/04	08/23/04	172.00	Primary
13	Baker	F	564	WASHINGTON DENTAL-STATE	0	R	08/23/04	08/23/04	172.00	Secondary
42	Coleman	F	44	REGENCE	3	R	08/23/04	08/23/04	130.00	Primary
39	Doe	F	8	GREAT WEST	5	R	08/23/04	08/23/04	930.00	Primary
3	Edmonds	F	62	PRUDENTIAL	3	R	05/31/04	08/23/04	178.00	Secondary
3	Edmonds	F	62	PRUDENTIAL	4	R	06/04/04	08/23/04	1800.00	Secondary
62	Morton	F	408	EQUICOR	0	P	08/23/04	08/23/04	1800.00	Primary
74	Porter	F	8	GREAT WEST	0	R	06/04/04	08/23/04	292.00	Secondary
58	Ritter	F	44	REGENCE	0	R	08/23/04	08/23/04	130.00	Primary
35	Smathers	F	560	WASHINGTON DENTAL SERVICE	1	R	05/31/04	08/23/04	264.00	Secondary
57	Stewart	F	560	WASHINGTON DENTAL SERVICE	0	R	08/23/04	08/23/04	172.00	Primary
57	Stewart	F	560	WASHINGTON DENTAL SERVICE	0	P	08/23/04	08/23/04	900.00	Primary
21	Ulmer	F	434	AETNA	4	R	08/23/04	08/23/04	130.00	Primary
27	Watson	F	426	SUN LIFE OF CANADA	5	R	08/23/04	08/23/04	130.00	Primary
18	Wilson	F	105	JOHN HANCOCK	2	R	05/31/04	08/23/04	292.00	Secondary
Total:									\$8,514.00	

ENVOY/NEIC CLAIMS

Gerald Spencer DDS OFFICE COMPUTER SYSTEMS INC.

8/23/04

Batch #

Page 1

08/23/2004

Provider: **DR. GERALD SPENCER DDS**



ABBOTT	TERRY	12
345 N JAMISON ST		
SEATTLE WA 98111		
Date of Birth:	02121979	
Sex:	M	
Relation to Insured:	CHILD	



Insured Name:	ABBOTT	JANE
Date of Birth:	03011952	
Carrier:	GREAT WEST	<i>Envoy/NEIC Payor Id: 80705</i>
SS#:	452264665	
Group Num:	45645	
Plan:		
Prior Payment:	0.00	
Employer:	ALASKA AIRLINES	



Tooth	Surface	Description	Date	Code	Charge
04	MOD		082304	D2393	162.00
ADA Form:	[X]				
Pre-Estimate:	[]				
CLAIM TOTAL:					162.00

8/23/04

Insurance Company Master List

Gerald Spencer DDS OFFICE COMPUTER SYSTEMS INC.

<u>Insurance Company</u>	<u>EDI*</u>			
AETNA (11)	P	800 WASH BLDG 1325 4TH AV SEATTLE, WA 98130	206-542-8900	
AETNA (54)	P	PO BOX 21645 SEATTLE, WA 98111	206-455-8000	
AETNA (140)	P	2201 6 AVE SEATTLE, WA 98121-	206-566-8900	800-566-8900
AETNA (431)	P	1503 N CEDAR CREST BLVD ALLENTOWN, PA 18104	215-776-5100	800-546-2310
AETNA (434)	P	PO BOX 9301 PORTLAND, OR 97207	503-221-5546	
AETNA (437)	P	PO BOX 171827 MEMPHIS, TN 38187	800-751-5000	
AETNA (447)	P	PO BOX 1738 REDDING, PA 19603	310-566-5600	
AETNA (461)	P	PO BOX 1900 ORANGE, CA 92668	800-877-2500	
Aetna (567)	N	Seattle, Mi, 98 124 -		
AETNA-BOEING (561)	P	PO BOX 21388 SEATTLE, WA 98111-	206-566-5600	- -
AETNA-JC PENNEY (172)	P	PO BOX 40945 INDIANAPOLIS, IN 46260	800-756-4545	
AETNA-RAILROAD (176)	P	PO BOX 21645 SEATTLE, WA 98111	206-566-5600	
AETNA-WELFARE & PENSION (237)	P	2701 FIRST AVE SEATTLE, WA 98121	206-624-5840	
ALASKA LOGGERS ASSN INC. (70)	N	111 STEDMAN ST SUITE 200 KETCHIKAN, AK 99910	800-565-2002	- -
ALLSTATE LIFE INSURANCE (238)	N	656 C TOLLGATE RD ELGIN, IL 60120	312-931-1133	
ALTA ADMINISTRATORS (471)	Y	PO BOX 30906 SALT LAKE CITY, UT 84130	800-331-4475	
BLUE CROSS CA - WELLPOINT (78)	Y	1950 FRANKLIN STREET OAKLAND, CA 94659	415-645-3000	
BLUE CROSS NJ (452)	N	PO BOX 700 NEWARK, NJ 07102	201-456-2534	
BOILERMAKERS (35)	Y	522 BROTHERHOOD BLDG KANSAS CITY, KS 66101	800-566-5666	

* EDI Y=yes P=primary only N=no

8/23/04

16:57:48

**PAPER CLAIMS SENT
on 08/23/2004**

Gerald Spencer DDS OFFICE COMPUTER SYSTEMS INC.

Patient ID / Name	PV	Ins ID	Insurance Company	Series	Tx Type	Tx Date	Sent	Amount	Pri/Sec
44 Babbott	F	83	RETAIL CLERKS TRUST	1	R	8/23/04	8/23/04	162.00	PRIMARY
2 Edmonds	F	54	AETNA	1	R	5/31/04	8/23/04	178.00	SECONDARY
54 Prince	F	11	AETNA	0	R	6/4/04	8/23/04	172.00	SECONDARY
75 Smith	F	9999	MEDICAID	0	M	8/23/04	8/23/04	250.00	PRIMARY
75 Smith	F	9999	MEDICAID	0	A	8/23/04	8/23/04	324.00	PRIMARY
19 Wilson	F	242	CONNECTICUT GENERAL	1	R	5/31/04	8/23/04	280.00	SECONDARY

Insurance Transactions
Pre-estimate Transactions Not Sent
Gerald Spencer DDS OFFICE COMPUTER SYSTEMS INC.

25	Kira	Holland	0	08/23/04	2393	COMPOSITE - THREE SURFACES - POSTERIOR	162.00	P H
25	Kira	Holland	0	08/23/04	2393	COMPOSITE - THREE SURFACES - POSTERIOR	162.00	P H
							Total:	324.00

R = Regular Tx
M= Medicaid Tx
P = Pre-Est Tx

P = Paper Tx
E = EDI Tx
H = Tx on Hold

**Insurance Transactions
Pre-estimate Transactions Sent But Pending
Gerald Spencer DDS OFFICE COMPUTER SYSTEMS INC.**

62	Melody	Morton	0	08/23/04	2750	CROWN-PORCELAIN/HIGH NOBLE METAL	900.00	P Y
62	Melody	Morton	0	08/23/04	2750	CROWN-PORCELAIN/HIGH NOBLE METAL	900.00	P Y
57	Peter	Stewart	0	08/23/04	2750	CROWN-PORCELAIN/HIGH NOBLE METAL	900.00	P Y

Total: 2700.00

R = Regular Tx
M = Medicaid Tx
P = Pre-Est Tx

P = Paper Tx
E = EDI Tx
H = Tx on Hold